

EVENT PERMIT



Ordinance 14-15

WEDDING AND WEDDING RECEPTION

PERMIT NUMBER:

TMP2016-00221

Date(s) of Event:

JANUARY 28TH, 2017 FROM 3:00PM-6:00PM BANYAN STREET AND

9:00AM-10:00PM CROWNINSHIELD HOUSE

Property Owner:

LEE COUNTY

Applicant:

PETE SAEGER

Contact: PETE SAEGER

Description:

Banyan Street wedding with chairs and alter and Crowninshield house wedding

reception

January 28th, 2017

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

BANYAN STREET AND CROWNINSHIELD HOUSE BOCA GRANDE.

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

Yes

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Tmp2014-0020



Event Application

Check the appropriate box(es) below:

- F SPECIAL EVENT PERMIT
- JX USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- F. FILM PERMIT

Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	WEDDING & WEDDING RECEPTION
Date(s) of Event / Production:	SATURDAY, JANUARY 28TH, 2017
Location(s) of Event:	BANYAN STREET AND THE LOISE DUPONT CROWNINSHIELD HOUSE IN BOCA GRANDE
Name of Applicant:	PETE SAEGER
Applicant Address:	P.O. Box 771 Boca Grande, FI 33921
Applicant Phone Number:	(C)610-533-2365 (H)941-855-0443
Contact Person: (if different from applicant)	SAME
Contact Phone Number: (If different from applicant)	N/A
Email Address:	PMSAEGER01@AOL.COM
Estimated Attendance:	100 GUESTS
Event Description: Include each activity, when activities take place, etc.	BANYAN STREET - WEDDING WITH CHAIRS AND ALTER CROWNINSHIELD HOUSE - WEDDING RECEPTION 7:00P - 11:00P
Hours of Operation:	3:00PM - 6:00PM - Banyan Street & 9:00AM - 10:00PM Crowninshield House
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	LEE COUNTY GOVERNMENT

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.

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Fill out the following questions for allpermit types:

		arrige state and an all harmon a			Trappolition Parkey Printer Co.
What is the Zoning	Classification of the	premises? PUBLIC F	ACILITY / D.O.T RIGHT	T OF WAY	ikke ji tangat daga kan daga k
Are any temporary	structures to be inst	alled for the event?	⊠ Yes Γ No	Type: TABLES &	CHAIRS
Do you have the ap	ppropriate permits fo	r the temporary stru	ctures?	Yes	IX No
	ant' and 'Use of Cour ng all parking areas.	nty Property' permit,	submit a site plan v	vith all proposed	facilities and activitie
Insurance Compan	y insuring the Event:	See Attached Certific	ate		
Note: Certificate of ins	surance must be submitte	d at time of application		y kapateintei ista kassasta kassasta alka alka kaping, mangungkinin desarra	, marana bi jang milangga kinggaya, yang sing app alankibyon, manganganana
Surety Company B	onding this Event (Na	ame and Address): N	′ A		
	Jsed as Part of This ent?	Will Food be Avail	able at this Event?		olic Beverages be umed at this Event?
∫ Yes	I⊠ No	I ヌ Yes	┌ No	⋉ Yes	r No
	coverage must be tificate of insurance.	If yes, products liabil included on the cert	-		bility coverage must be certificate of insurance.
Name & Address o Providing Food:	f Organization			NATURAL AND	
Type of Food being	Served:	Company of the State of State			
Section II - US	E OF COUNTY PI				akining ga anahayiki dahilarahiran saken da serikken anayari 1994 ayin da pangalarahira
Organization Spon	soring the Event: N/A	4			
Fill out this portion	for applications for	Solicitation in the C	ounty Rights-of-Wo	ıy:	**************************************
Name of Charity:					
Address of Charity					
Phone Number:					
Non-profit certifica	ite/registration num	ber:			
(Proof of registration with	the Dept. of Agriculture & 0	Consumer Services \$496.40	or proof the organization	is exempt from this re	quirement. §316.2045)
Section III - SA	LE/CONSUMPTI	ON OF ALCHOLI	C BEVERAGES F	ERMIT	
	/consumed on Cour				r No
Non-profit certifica Required if alcohol is to be	te/registration numb	oer:			
Please note: A permit f further details	rom the State of Fiorida (Division of Alcoholic Beve	rages and Tobacco may	also be required; ple	ase call (239) 344-0885 f



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT N/A

Type of Production (choose all that apply):		
T TV Movie or Special TV	Series / Pilot	TV Commercial Still Photos
Public Service Announcement I Ind	ustrial / Documentary	Other:
Will any of the following be needed or inclu	uded*?	
Street Closure		r Yes r No
Traffic / Crowd Control		Γ Yes Γ No
Fire or Burning		┌─Yes ┌─No
Explosives or Pyrotechnics		┌─ Yes
Animals, Large or Small		☐ Yes ☐ No
Construction of Any Kind		☐ Yes ☐ No
Large and/or Numerous Vehl	icles	☐ Yes ☐ No
Helicopters, Boats, etc.		┌─Yes ┌─No
Stunts		T Yes T No
Other		Г Yes Г No
Special Parking Requirements:		
1		
City or County Services Required: (Person	nnel, equipment, facilities, o	etc.)
The following information is required for the industry. If exact figures are not avail		production in Florida to track the economic impact osely as possible.
Number in Cast:	Number in Crew:	Number of locals hired:
Total budget:	Estimate amount spent in	Lee County:
Hotel room nights:	Number of shooting days:	:
number of rooms x number of n	ights	

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to Indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Regulred



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Peter Mayer	Jashlun'
Signature of Applicant	Witness
•	
Peter M. Saeger	Joseph & Wier
Print Name of Applicant and Title	Print Name of Witness
4-20-16	4/20/16
Date	Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropr	late box(es) be	elow:		
F SPECIAL E	VENT PERMIT			
区 USE OF CO	DUNTY PROPERT	Y PERMIT		
PERMIT TO	SELL AND CON	SUME ALCOHOLIC BE	VERAGES WITHIN LEE CO	UNTY FACILITIES
FILM PERI	MIT			
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, PLICANT TO COM	PLEASE INDICATE BE PLY WITH FOR THEIR	LOW WHAT ARRANGEMI EVENT.	ENTS YOUR ORGANIZATION
Parking:	Parking In authori	zed parking areas only fo	or both locations	
	1		the state of the s	
Deputies (How Many?):	Two deputies for a Gilchrist while we	road closure, traffic contr dding ceremony takes pl	ol and security on Banyan Stre ace.	et between Park Ave and
	l.,		er er i ser i	
Fee for Services:	Traffic detail is \$50)/hr per deputy with a fo	ur (4) hour minimum.	
•				
		the state of the s		Principal and American American State Control of the Control of th
Special Arrangements:	Parking is permitte	ed in authorized parking	areas only for both locations.	
	Each end of Banya	n Street must be blocked	d in order to provide safety to nust be removed from the roa	he participants. All chairs,
	order to reopen Ba	enis used for the event is inyan Street.	iust be removed from the roa	away as soon as possible in
. •				
	Print Name:	Capt. Scott Lucia		
	Signature:	Lucia, Scott	Gill hart Nigred by Lucke, Kurd Dit deur p. deutervillech, Janel GGD Urb C, Intelacte, Seath, en 48-50-casterporticlech and Liste 3 11 40 (345 5 07 31 - 345)	Mandalarana
	Title:	Special Events, Permits	and Details	-
	Date:	26 April 2016		-

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FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

— SPECIAL EVENT PERMIT

TX USE OF CO	DUNTY PROPERTY AIT	PERMIT
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT,
Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:	endergreen op de groot de gro	
		None
Fire Extinguishing:	it folker i folke fra	
		None
Special Arrangements:	arvi all objects f	EMERGENCY access on Benyan St. is required. Be prepared to move any from the street to allow emergency vehicle access. Any damage to BGFD naking access to emergency will be the responsibility of the permit holder.
		In case of emergency - DIAL 911
	Print Name:	C.W. Blosser
	Signature:	CAL.
	Title:	Fire Chief
	Date:	05/02/2016

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Isanyan Streat

Portable STA GE

N

A Comment



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

Check the	appropri	ate box	es) below:
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F SPECIAL EVENT PERMIT

IX: USE OF COUNTY PROPERTY PERMIT

FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	None necessary.		THE PERSON AND ASSESSMENT OF THE PERSON ASSESS	
Medical Personnel:	None necessary.			
	None necessary.			. :
Medical Supplies / Equipment:	None necessary.	entre en		
Safety Requirements:	No additional preca	utions necessary.		
Fee for Services	Not applicable.			
				•
	<u>, , , , , , , , , , , , , , , , , , , </u>			
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. T	o arrange special event coverag	e, contact our office at
	1	· · · · · · · · · · · · · · · · · · ·	e en	
	Print Name:	Benjamin Abes		_
	Signature:	Benjamin Abes	- O protyrighed on durginnin all ex- Die conseign im Jahre auch er Gestey Public Safety, participien of Amergency Jesus Safety and Handy principient begat segment, cells Del 2018 DEL STEET 44 UP	•
	Title:	Chief		· -
	Date:	04/26/2016		



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL93901 (239) 533-8580

Check the appropr	iate box(es) be	low:		
,	VENT PERMIT	1 75 M 6 h A 1001		
FI 171			RAGES WITHIN LEE COUN	TY FACILITIES
	•	PLEASE INDICATE BELC PLY WITH FOR THEIR EV	OW WHAT ARRANGEMENT PENT.	's your organization
Parking:	Park in designated prohibited.	l areas. No parking on Bany	an Street right-of-way or elsew	here where parking is
ngress and Egress:	Use all established	I means of ingress and egre		
pecial Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control, as needed.	
	Print Name:	Auto-Ali illiadiyaanaa aaraa aaraa aaraa aaraa aaraa	Digitally stayed by Bryan D Miller	-
	Signature: Title:	Bryan D. Miller Senior Project Manager	Digitally signed by Bryan D, Miller Date: 2016.05.03 13:26:01 -04'00'	-

May 3, 2016

Date:



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropr	riate box(es) be	elow:			
r Special e	VENT PERMIT				
F.	OUNTY PROPERT	Y PERMIT			
•			ERAGES WITHIN LEE COU	NTY FACILITIES	
FILM PERI					
AFTER REVIEWING THE WILL REQUIRE THE APP			OW WHAT ARRANGEMEN EVENT.	its your organizat	rion
Illumination:		oud on premises. Any ad	ditional lighting must be provid	ded by permit holder.	·
			· · · · · · · · · · · · · · · · · · ·	en e	
Parking Areas:		*			
	Use Community H	ouse parking lot and exis	ing parking at the Boca Grand	e Community Park and Ce	enter
pecial Arrangements:			t forth by LEE COUNTY D.O.T re	presentative. Guests mu	ust
	stay on County pro Deputies require	d entire length of weddin	g ceremony		
	- Must provide insi guidelines set forti	urance with Lee County B h by the Loise DuPont Cro	e containers provided by the C OCC being additionally insured wninshield House representati	and adhere to all rules ar ve.	
	- Lee County Parks	& Recreation Director or	uise DuPont Crowninshield Ho Deputy Director approves this	alcohol permit (2 - permits	
	The second of th	a nakan kuma a kama menga l aakan t		omeg e de de la companya de la comp	m/s30
•	Print Name:	Alise Flanjack	Jae Wier		
	Signature:	Alise Flanjack	Stringfored by the flavored. Dis medica flavored benedicting Printing 1966 p. granisologist benedicting the configuration of the printing 1966 p. granis 1916 bit 1979 227 st depty.	h R Wier	
	Title:	Deputy Director	Supervisor		

4/19/16

4/27/16

Date:



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

- F SPECIAL EVENT PERMIT
- IX USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Regulrements:

Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afford under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

Special Arrangements:

A Certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured,

Subject to proof of insurance.

Frint Name:	Mike Figueroa
Signature:	7
Title:	Risk Program Manager
Date:	Abril 26, 2016

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	RODUCE	₹	Company of the second s	THIS CER	TIPICATION IS	SSIEN AS A MATTER	The second	04/21/2010
East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 CONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER THE COVERAGE AFFORDED BY THE POLICIE					CERTIFICATE			
	hone: (530) 477-6521 Email: info@theet	venthelper.com	ł			Administra	Appriliante historial interest of the state
16	SURED		the second secon		INSURERS AFFORDING COVERAGE INSURER A: Essex Insurence Company			NAIC #
		Peler Saeger PO Box 771		INSURER B:				39020
l		Boca Grande, FL 33921		INSURER C:	The state of the s			******************
į				INSURER D:	The state of the s			
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LI	RINSRO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (NEWODAYY)	POLICY EXPIRATION	LIAN	78	
Α	ly 1	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE HOLLOTE BOOKY BLURY A PROPERTY DALMOS	75	1,000,000
	1	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR		01/27/2017	01/29/2017	MED EXP (Any one person)	\$	5,000
	1 -	X Host Liquor Liability	1			PERSONAL & ADVINJURY	\$	1,000,000
		GENL AGGREGATE LIMIT APPLIES PER:	3DS5460-M962311	01/27/2017	01/29/2017	GENERAL AGGREGATE	\$	5,000,000
		X POLICY PRO LOC				PRODUCTS - COMPIOP AGO	\$	1,000,000
	 	Retall Liquor Liability				DEDUCTIBLE .	\$	1,000
		ATT OWNED WILLOS WAT AUTO WITH				COMBINED SINGLE LIMIT (Ea accident)	8	enconnection and any first annual property of the party of
		SCHEDULED AUTOS HIRED AUTOS				(hat baisou) (hat baisou)	\$	
		NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
~~~		ARAGE LIABILITY		****		PROPERTY DAMAGE (Per accident)	\$	
		ANY AUTO			.	AUTO ONLY - EA ACCIDENT	3	
-						OTHER THAN EA ACC AUTO ONLY: AGG	\$	**************************************
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	If yes, de SPECIA)	acribe under PROVISIONS below	İ		į.	EL. DISEASE - EA EMPLOYEE		
	OTHER		And the second s	77477407740000000000000000000000000000	-	EL, DISEASE - POLICY LEAST	<u>\$</u>	
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ESC	RPTION	OF OPERATIONS / LOCATIONS / VEHICLE	ES / EXCLUSIONS ADDED BY ENDORSEME	ENT I SPECIAL DROWN	love		-	
			al insured per attached CG 20 26 07 0- nation of the state of Florida are			is required by written contract	t.	
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		Lee County B.O.C.C.	makestapinintalipti (Makestalian in Arabi and Arabi and Arabi and Arabi and Arabi and Arabi and Arabi and Arabi	CANCELLATIO				
PO Box 398			SHOULD ANY OF T	should any of the above described policies be cancelled before the expiration				
Fort Myers, FL 33902				DATE THEREOF, THE ISSUING INSURER WILL ENGRAVOR TO MAIL 30 DAYS WRITTEN				
PO Box 398 Fort Myers, FL 33902			WASSENDON'S	Notice to the certificate holder named to the Left, but farines to bo co curling assessment of largest of the Left, but farines for the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the left of the le				

ACORD 25 (2001/08)

Will Madding

@ Acord corporation 1988

Policy Number: 3DS5450-M962311

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

me Of Additional Insured Person(s) Or Organization(s)				
e County B.O.C.C,				
•				
Information required to complete this Schedule, If not shown above, will be shown in the Declarations.				

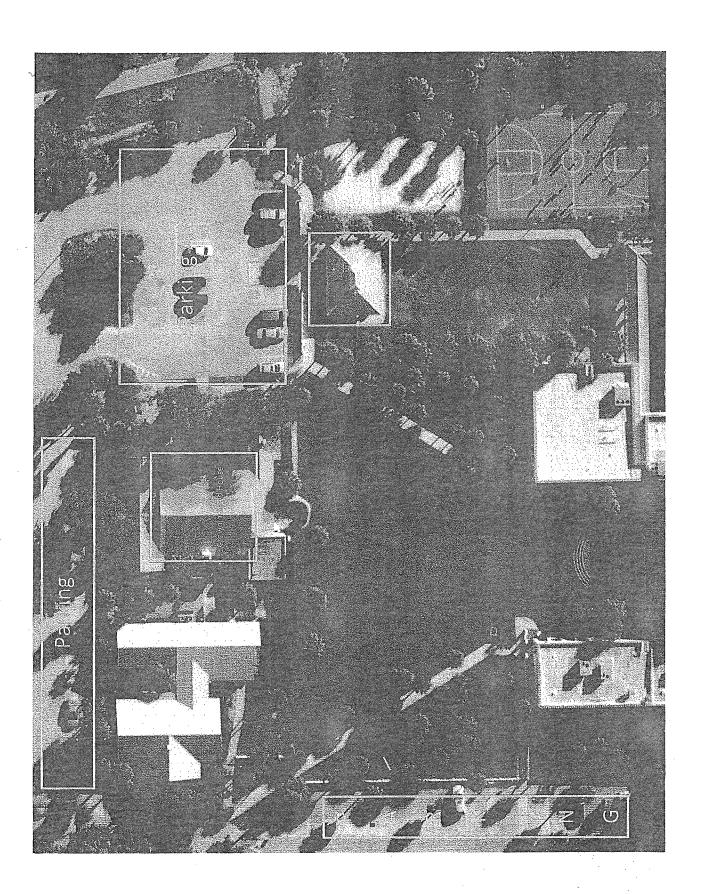
Section II — Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- In connection with your premises owned by or rented to you.

CG 20 26 07 04

© ISO Properties, Inc., 2004

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# Mike Scott Office of the Sheriff



#### State of Florida County of Lee

#### Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

The current detail rat	tes are:		
Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

Details are charged a \$15 <u>per deputy</u> vehicle rate. All boat details are charged a \$20 per hour boat rate.

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed unarmed security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

LEE COUNTY SHERIFF'S OFFICE USE ONLY					
Total Deputy(s)	Total Hours 8	Rate per Hour	Vehicle Rate Walved		
Total Cost for Detail \$400					
Vender Signature	Date	9			



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

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LCSO Form 389 (revised 5/1/2015 B.Martin 07-252)

LCSO Details Main Phone Number: 239-477-1199					
Vendor Information					
Business Name: Peter Saeger - Saeger Wedding					
Street: P.O. Box 771					
City: Boca Grande	State: FL	Zip Code: 33921			
Business Contact: Pete Saeger	Phone	: 610-533-2365			
Email Address: pmsaeger01@aol.con	n				
Event					
Detail Location: Banyan Street between	en Park and Gilchrist				
Street:					
City: Boca Grande	_ State: FL	Zip Code: 33921			
Contact During Event:		:			
Event Date: 1/28/17	_ Event Time: 1430-1830				
Anticipated Crowd Size : 100		Ceremony			
Additional Security Working Detail: Yes V No If Yes, how many?					
Permits Attached: Yes No	Alcohol Served: Yes	No			
Detail	Information				
Security Traffic	Prisoner 7	Transport			
Escort Holiday	Funeral E	Secort			
Last Minute Stand-by		,			
Marked Vehicle Yes No	Unmarked Vehicle	Yes No			
Uniformed Deputy Yes No	Plain Clothes Deputy	Yes No			
Detail Description:  2 uniformed deputies on Banyan Street between F break down takes place. Vendor must contact the bmartin@sheriffleefl.org during the month of Decer instructions for payment will be given at that time.	Lee County Sheriff's Office Details mber 2016 to send payment for this	Unit at 239-477-1098 or s detail. Additional			

