



# EVENT PERMIT

Ordinance 14-15

## AWARENESS WALK

**PERMIT NUMBER:** TMP2016-00231

**Date(s) of Event:** September 17th, 2016 from 8:00am-12:00pm

Property Owner: LEE COUNTY

Applicant: BRAIN ANEURSYM FOUNDATION

Contact: KATHLEEN MONAHAN

Description: Brain Aneurysm Awareness Walk

Location of event: 7330 GLADIOLUS DR FORT MYERS 33908  
LAKES REGIONAL PARK\*\*\*718-826-5556

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

Will there be alcohol consumed or sold at the event ? No

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

 9-17-16  
County Manager Date



attn: Kathleen  
Monahan

**Lee County**  
Southwest Florida

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP 2016-00231



## Lee County Event Permit Application

Event Application

Check the appropriate box(es) below:

☒ SPECIAL EVENT PERMIT☐ USE OF COUNTY PROPERTY PERMIT☐ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES☐ FILM PERMIT

## Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	Awarness Walk
Date(s) of Event / Production:	9/17/16
Location(s) of Event:	Lakes Regional Park
Name of Applicant:	Brain Aneurysm Foundation
Applicant Address:	269 Hanover Street Building 3 Hanover, MA 02339
Applicant Phone Number:	718-826-5556
Contact Person: (If different from applicant)	Kathleen Monahan
Contact Phone Number: (If different from applicant)	718-826-5556
Email Address:	Kathleen@bafound.org
Estimated Attendance:	~120
Event Description: Include each activity, when activities take place, etc.	8 Am check in 9 Am walk route 11 wrap up event 11:30 clean up
Hours of Operation:	8-12
STRAP # of Parcel:	26 45 24 000000 80000
Owner of Premises*:	Lee county

\*Notarized statement from the property owner specifically consenting to the proposed use required.

## Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? \_\_\_\_\_

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures? N/A ☐ Yes ☐ No

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Atlantic Advisers Ins Agency, Inc  
 Note: Certificate of Insurance must be submitted at time of application (cert. attached)

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: \_\_\_\_\_

Public (possibly)

Type of Food being Served: cookies, donuts or muffins (possibly)

## Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Brain Aneurysm Foundation

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: Brain Aneurysm Foundation

Address of Charity: 269 Hanover St. Building 3 Hanover, MA 02339

Phone Number: 718-826-5556

Non-profit certificate/registration number: Tax ID # 04-3243864

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. 5316.2045)

## Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes

☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property

Non-profit certificate/registration number: \_\_\_\_\_

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

## Lee County Event Permit Application



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- ☐ TV Movie or Special    ☐ TV Series / Pilot    ☐ TV Commercial    ☒ Still Photos  
☐ Public Service Announcement    ☐ Industrial / Documentary    ☐ Other: \_\_\_\_\_

Will any of the following be needed or included\*?

- |                                |                              |  |
|--------------------------------|------------------------------|--|
| Street Closure                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Traffic / Crowd Control        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fire or Burning                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Explosives or Pyrotechnics     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Animals, Large or Small        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Construction of Any Kind       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Helicopters, Boats, etc.       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Stunts                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

\* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

Volunteers (10)  
 Ice chest (4)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

NA 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 nights

**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 premises 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 Required**



**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.

Signature of Applicant

Witness

Print Name of Applicant and Title

Print Name of Witness

Date

Date



Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT  
☒ 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.

Parking:

Parking in authorized areas only.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

Participants will stay on the designated paths throughout the park. Vehicle traffic in the parking lots must not be impeded.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott K. Lucia

Title: Special Events, Permits and Details

Date: 13 September 2016



## Lee County Event Permit Application



### 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  
☐ 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.

Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

N/A

First Aid Equipment:

CALL 911 IF NEEDED

Fire Extinguishing:

N/A

Special Arrangements:

NONE

Print Name: JAMES TANNER

Signature: James Tanner

Digitally signed by James Tanner  
Date: 2016.08.22 11:17:03 -04'00'

Title: Fire Marshal, South Trail Fire District

Date: Aug 22, 2016

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT  
☒ 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.

Medical Personnel:

None necessary.

Medical Supplies /  
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes  
Date: 2016.08.19 12:48:57 -04'00'

Title: Chief

Date: 08/19/2016

**Lee County Event Permit Application**



**DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580**

*Check the appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT  
☒ 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.

**Parking:**

Park in designated areas. No event parking on Lee County DOT maintained road rights-of-way.

**Ingress and Egress:**

Use all established means of ingress and egress.

**Special Arrangements:**

Use Lee County Sheriff's Office for assistance with traffic control as needed.

**Print Name:** Bryan Miller

**Signature:** Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2016.08.24 09:46:17 -04'00'

**Title:** Senior Project Manager

**Date:** August 24, 2016

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION  
3410 PALM BEACH BOULEVARD  
FORT MYERS, FLORIDA 33916  
(239) 533-7275

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT  
☒ 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.

Illumination:

None. Event is from 8:00 a.m. to 12:00 p.m.

Parking Areas:

A pre - paid parking fee of \$250.00 is required to ensure all participants are easily accommodated and the run/walk starts on time. Non participants (IE: race committee, spectators, family members, friends) are required to pay for parking. The daily fee is \$1.00 per hour or \$5.00 for the day. The pre - paid parking fee does not cover the parking fee for non-participants.

Special Arrangements:

Your organization is responsible for set - up and take down of race route signage, drink stations and first aid. Removable directional signs are allowed (IE: survey flags, real estate signs and cones). No painting or temporary markings on race route pathways. Event banners may be hung at your reserved shelters. Please be courteous and aware of other park patrons using Lakes Regional Park the same day as your run/walk. No golf carts or vehicles are allowed on the pathways.  
"Park maintenance may help transport water to your aid stations."

Print Name:

Alise Flanck

Signature:

Alise Flanck

Title:

Deputy Director

Date:

Aug 30, 2016

Brian Anagnostis walk  
Sept. 17, 2016



Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR  
2115 SECOND STREET  
FORT MYERS, FLORIDA 33901  
(239) 533-2221

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
☐ 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 Requirements: 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.

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.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

August 22, 2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Atlantic Advisers Insurance Agency, Inc. P.O. Box 857 683 Main Street Norwell MA 02061		<b>CONTACT</b> Mag Kudla PHONE (A/C, No, Ext): (781) 659-4040 FAX (A/C, No): (781) 659-4045 E-MAIL ADDRESS: mkudla@atlanticadvisers.com	
<b>INSURED</b> Brain Aneurysm Foundation Inc. 269 Hanover St. Bldg. 3 Hanover MA 02339		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Great American INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** 16-17 GL UMB **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Hired & Non-Owned Auto Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER:		MAC 2131832	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occ/rental) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired/Non-owned Auto \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB4259123	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION</b> ANY EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required).  
 Lee County BOCC, Lakes Region Park is included as an additional insured on the General Liability policy for the certificate holder by the insured, if required by written contract or agreement. No coverage exists for the sole negligence of the additional insured.

OK MF 08/22/16

<b>CERTIFICATE HOLDER</b> Lee County BOCC Lakes Region Park 7330 Gladiolus Drive Fort Myras, FL 33908	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE W Jeffrey Helm/MEAPM2 <i>W. Jeffrey Helm</i>
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Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU  
2201 SECOND STREET, SUITE 600  
FORT MYERS, FLORIDA 33901  
(239) 338-3500

Check the appropriate box(es) below:

☒ FILM PERMIT ONLY

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

Special Arrangements:

Other:

Print Name:

Christina Buckley

Signature:

Christina Buckley

Title:

Executive Director - Brain Aneurysm Foundation

Date:

8/18/16

REQUIREMENTS FOR 5K RUNS/WALKS  
AT LAKES REGIONAL PARK

