

# EVENT PERMIT

Ordinance 14-15

## FAIR AT FENWAY SOUTH

**PERMIT NUMBER:** TMP2016-00240**Date(s) of Event:** November 11, 12, 13, 17, 18, 19, 20, 2016 from 5pm until 11pm weekdays,  
12pm noon until 11pm Sat-Sun**Property Owner:** NESV FLORIDA REAL ESTATE LLC**Applicant:** FAIR PRODUCTION II INC**Contact:** JEFFREY BOLONSKI**Description:** Family fair including rides, games, food, attractions and entertainment**Location of event:** 11501 FENWAY SOUTH DR FORT MYERS 33913  
JETBLUE PARK/\*\*813-677-0121

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 ? 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 9-12-16  
County Manager Date



# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP201600240

## 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   | Fair at Fenway South   |
| Date(s) of Event / Production:  | Nov. 11,12,13,17,18,19,20 2016   |
| Location(s) of Event:   | JetBlue Park 11500 Fenway South Drive, Ft. Myers FL 3913                 |
| Name of Applicant:  | Fair Production II Inc.  |
| Applicant Address:  | PO Box 70<br>Old Bethpage NY 11804                                       |
| Applicant Phone Number:   | 516-369-2195   |
| Contact Person:<br>(If different from applicant)                              | Jeffrey Bolonski   |
| Contact Phone Number:<br>(If different from applicant)                        | 813-677-0121(o) 813-294-3939(c)  |
| Email Address:  | xcircusmanx@yahoo.com  |
| Estimated Attendance:   | 500-1000/day   |
| Event Description:<br>Include each activity, when activities take place, etc. | Family fair including rides, games, food, attractions and entertainment. |
| Hours of Operation:   | 5pm-11pm weekdays, 12noon-11pm Saturday and Sunday                       |
| STRAP # of Parcel:  | 24-45-25-02-00001,00002,00003,00004,00005 <b>0000</b>                    |
| Owner of Premises*:   | NESV Real Estate   |

\*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? MPD \_\_\_\_\_

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

Do you have the appropriate permits for the temporary structures? ☐ 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: T.H.E. Insurance Company/Allied Specialty Insurance \_\_\_\_\_

Note: Certificate of Insurance must be submitted at time of application

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

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 ☐ No

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: \_\_\_\_\_

Wade Shows Inc. PO Box 51730, Livonia, MI 48151

Type of Food being Served: Typical fair food popcorn, cotton candy, funnel cakes, hot dogs, cheesesteaks, pizza, soda etc. \_\_\_\_\_

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: \_\_\_\_\_

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

Name of Charity: \_\_\_\_\_

Address of Charity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

### 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

Type of Production (choose all that apply):

## Still.Photos

Other: \_\_\_\_\_

**No**

**No**

**No**

**No**

.. No

.. No

**No**

51. ☐ No

☐ No

**No**

|  |
|--|
|  |
|--|

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

Number of locals hired:

Estimate amount spent in Lee County:

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.

Jeffrey Bolonski  
Signature of Applicant

R. S. Voss  
Witness

Jeffrey Bolonski - Promoter  
Print Name of Applicant and Title

R. S. Voss  
Print Name of Witness

8/30/16  
Date

8/30/16  
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 parking areas only

Deputies (How Many?):

Two (2) Deputies from 1700-0000hrs all days.

Fee for Services:

\$40/hr per deputy

Special Arrangements:

Hours will be adjusted as necessary.

Print Name: Capt. Scott Lucia

Signature:

*Scott Lucia*

Title:

Special Events, Permits and Details

Date:

29 August 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?) 2 Certified Crowd Managers

Fee for Services: 55.00 per tent over 900 sq ft

Flammable Vegetation: cleared from around tent

First Aid Equipment: Call 911 as needed

Fire Extinguishing: minimum 2a 10 bc extinguisher at all tents and cooking tents, food service trucks, or trailers must be NFPA 96 compliant.

Special Arrangements: none at this time

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner  
Date: 2016.08.29 09:09:59 -04'00'

Title: Fire Marshal, South Trail Fire District

Date: Aug 29, 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. We strongly encourage you make arrangements for medical coverage at your event. 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: 2016.08.24 15:40:31 -04'00'

Title: Chief

Date: 08/24/2016

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  
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☐ 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 or within 10 feet of Lee County DOT maintained road rights-of-ways.

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 09:58:16 -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  
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☐ 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:

All illumination must follow county ordinance

Parking Areas:

Event organizer must ensure parking is restricted to designated areas and ensure all emergency accesses are open and clear.

Special Arrangements:

All entertainment must be stopped by 11:00.

Print Name: Dana Kasler

Signature:

Title:

Director

Date:

Sep 29, 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:

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☐ 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





1903 1912 1915 1916 1918 2004 2007

July 26, 2016

To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant Fair Production II with a place of business at P.O Box 70, Old Bethpage, NY 11804 permission access to land owned by NESV Florida Real Estate located at 11500 Fenway South Drive to host a Fair during the dates of November 7-23, 2016. The times for each day are as followed:

- November 7th-9th, 2016 – Set Up
- November 11th-20th, 2016 – Event/Fair 7:00am – 12:00am
- November 21st-23rd, 2016 – Load Out


The parcels of land used for the Fair have the following strap numbers:

- #2445-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely,

  
Jay Fandel

Manager of Florida Ballpark Operations | Boston Red Sox | JetBlue Park


11500 Fenway South Drive | Fort Myers, FL | 33913

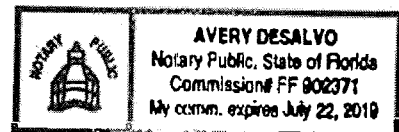
Phone: 239-226-4734 | Cell: 239-989-7477

Email: [jfandel@redsox.com](mailto:jfandel@redsox.com)

State of Florida  
County of Lee

The foregoing instrument was acknowledged  
before me this 26<sup>th</sup> day of July, 2016  
by Jay Fandel  
who has produced Drivers License  
as identification







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/16/16

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 have ADDITIONAL INSURED provisions or 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).

|          |   |                                     |                |
|----------|---|-------------------------------------|----------------|
| PRODUCER | Allied Specialty Insurance, Inc<br>10451 Gulf Blvd<br>Treasure Island, FL 33706<br>8002373355 | CONTACT NAME:                       |                |
|          |   | PHONE (A/C, No, Ext):               | FAX (A/C, No): |
|          |   | E-MAIL ADDRESS:                     |                |
|          |   | INSURER(S) AFFORDING COVERAGE       | NAIC #         |
|          |   | INSURER A: T.H.E. Insurance Company | 12866          |
| INSURED  | Fair Productions II, Inc.<br>P.O. Box 70<br>Old Bethpage, NY 11747                            | INSURER B:                          |                |
|          |   | INSURER C:                          |                |
|          |   | INSURER D:                          |                |
|          |   | INSURER E:                          |                |
|          |   | INSURER F:                          |                |
|          |   |                                     |                |

## COVERAGES

CERTIFICATE NUMBER:

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 WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |  | CPP0103317-03 | 04/14/16                | 04/14/17                | EACH OCCURRENCE \$ 1,000,000   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000             |               |                         |                         |  |
|          |  | MED EXP (Any one person) \$                                      |               |                         |                         |  |
|          |  | PERSONAL & ADV INJURY \$ 1,000,000                               |               |                         |                         |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |               |                         |                         | GENERAL AGGREGATE \$   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 5,000,000                                  |
|          | OTHER:   |  |               |                         |                         | \$   |
|          | AUTOMOBILE LIABILITY   |  |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO  |  |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS             |  |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY        |  |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |  |  |               |                         |                         | \$   |
|          | UMBRELLA LIAB  |  |               |                         |                         | EACH OCCURRENCE \$   |
|          | EXCESS LIAB  |  |               |                         |                         | AGGREGATE \$   |
|          | DED <input type="checkbox"/> RETENTION \$  |  |               |                         |                         | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |               |                         |                         | E.L. EACH ACCIDENT \$  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A  |               |                         |                         | 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)

ADDITIONAL INSURED WITH RESPECTS TO THE OPERATIONS IF THE NAMED INSURED ONLY:  
NEW ENGLAND SPORTS VENTURES, LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC; N.E.S.V. IV LLC; LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND NESV FLORIDA REAL ESTATE LLC, BOSTON REDSOX BASEBALL CLUB. JET BLUE PARK, FT. MYERS, FL. FOR DATES: 11/07/16 THROUGH 11/23/16

## CERTIFICATE HOLDER

## CANCELLATION

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

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

*Carol A. Serra*

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Blu Site Solutions of Southwest Florida, Inc. Phone 910-324-1420

1661 Benchmark Avenue  
Fort Myers FL 33905

Fax 910-324-6578  
stacie.peebles@adco-usa.com

TEMPORARY SANITATION AGREEMENT

Date: 7/5/16  
Start Date: 11/7/16  
End Date: 11/22/16

Purchase/Job No: \_\_\_\_\_

Bill To / Customer:

Company: Fair Production II  
Address: P.O. Box 70  
City/State/Zip: Old Bethpage NY 11804  
Contact Name: Ron Weber - 757-328-9056  
Email: wweg@aol.com

Deliver To:

Contact Name: Ron Weber  
Contact Phone: 757-328-9056  
Job Name: Jet Blue Stadium - Fair  
Address: Daniels Parkway  
City/State/Zip: Fort Myers FL

| EQUIPMENT TYPE  | QUANT. | Per Pricing | Per Unit/Each     |
|---|--------|-------------|-------------------|
| Special Event Porta Potties   | 15     | \$45.00     | \$675.00          |
| Handicap Porta Pottle   | 1      | \$55.00     | \$55.00           |
| Holding Tanks   | 4      | \$65.00     | \$260.00          |
| Service Units 11-10-2016  | 4      | \$15.00     | \$60.00           |
| Service 16 Units 11-12-2016, 11-13-2016, 11-17-2016, 11-18-2016, 11-19-2016, 11-20-2016 | 96     | \$15.00     | \$1,440.00        |
| Tax 6%  | 1      |             | \$149.40          |
| <b>Total</b>  |        |             | <b>\$2,639.40</b> |
|   |        |             | Special           |

Special Instructions / Notes \* 1/2 to be paid prior to event balance Net 30

Terms and Conditions

- 1) Responsibility. Customer agrees to assume responsibility for all damages to the rented equipment beyond normal wear while at customer site. This includes, but not limited to, theft and vandalism. Customer agrees to reimburse vendor for all repair and replacement costs. The Customer agrees to assume all risks associated with vendor equipment while at customer site.
- 2) Terms. 1/2 Paid Prior, Balance Net 30. Customer agrees to use vendor as their sole provider of all portable sanitation on this Customer site. Customer has received pictures and quote of trailer and accepts this contract.
- 3) Excused Performance. Neither party hereto shall be liable for its failure to perform or delay performance hereunder due to circumstances or the significant threat of circumstances beyond its reasonable control, whether foreseeable or not, including, but not limited to strikes, labor trouble, riots, compliance with laws or government orders, acts of war or terrorism, inability to access equipment, fires and acts of god, such as heavy rain and such failure shall not constitute a default under this Agreement.
- 4) Attorney Fees. In the event of breach of Agreement by either party, the breaching party shall pay all reasonable attorney's fees and costs of the other party incident to any action brought to enforce this Agreement. In the event Customer fails to pay vendor all amounts which become amount due, any and all costs incurred by vendor as a result of such failure to pay, including to the extent permitted by law, reasonable attorney fees.
- 5) Pricing above is out the door

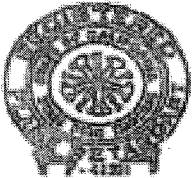
Thank you for your BUSINESS!

Company/Customer: Fair Production II  
Authorized Signature: [Signature]  
Print Name: Brian Schwmen

Blu Site Solutions of Southwest Florida, Inc.  
Signature: Stacie Peebles  
Print Name: Stacie Peebles

Please send signed copy via fax or email to Blu Site Solutions of Southwest Florida, Inc. Attn: Sales Dept. @ 910.324.6578. Email - Stacie.Peebles@Adco-USA.Com. If you have any questions, please call our office @ 800-682-7023 and ask for Stacie Peebles

# CERTIFICATE OF FLAME RESISTANCE

|   |
|---|
| REGISTERED APPLICATION NUMBER   |
|  |
| F - 41501   |

TRADE NAME  
of  
FLAME-RESISTANT FABRIC  
  
FR GP LAMINATE

|   |
|---|
| ISSUED BY   |
| SEATTLE TEXTILE COMPANY<br>3434 2 <sup>nd</sup> Avenue South<br>Seattle, WA 98134 |

This is to certify that the materials described below have been flame-retardant treated  
(or are inherently nonflammable) and were supplied to:

MAIN AWNING  
415 W SEYMOUR  
CINCINNATI, OH 45216

Description: 61" 13oz "F/R" GP LAMINATE-Vinyl Laminate Polyester

Style: LK18-18CFM Item #: VL-GP13-061-XXM

Color(s): White, Blue, Forest, Yellow, and Black

Certification is hereby made that:

The articles described on this certificate have been made from a flame-resistant fabric  
Registered and approved by the California State Fire Marshal, equal to or exceeds CSFM,  
NFPA 701 - Test 1 (Small Scale), NFPA 701 - Test 2 (Large Scale), CPAI-84, & NYC MEA

The Flame Retardant Process Used WILL, NOT Be Removed By  
Washing And Is Effective For The Life Of The Fabric

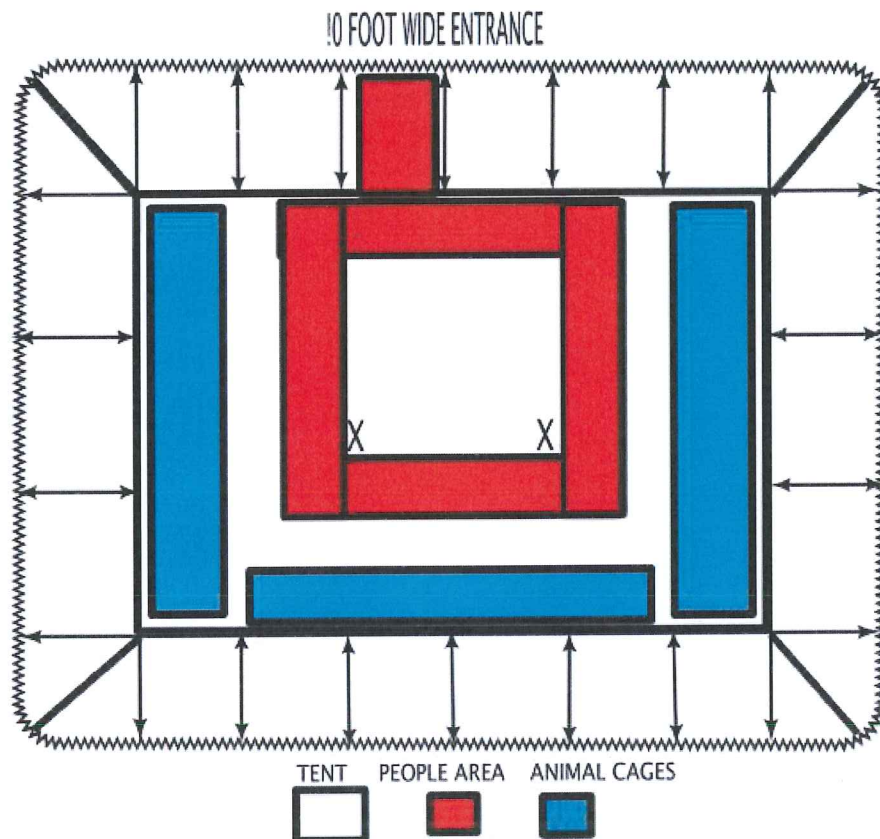
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|--|---|
| SEATTLE TEXTILE COMPANY                      | Signed:   |
| Name of Applicator of Flame Resistant Finish | Certification Specialist - Sheila Tubbs / Seattle Textile Company |

CLOSE ENCOUNTERS  
PETTING ZOO TENT  
40X60

Georgina Donoho 941-993-4807  
PO Box 1418  
Sarasota, Fl. 34230

40X60  
STAKES 7-10 FEET FROM TENT  
22 STAKES 36/42 INCHES LONG

BOTH CENTER POLES  
ARE STAKED & TIED DOWN  
EACH STAKE HOLDS 2500 LBS. STRAPS RATED FOR 10000 LBS. EACH X 22





FAIR AT FENWAY SOUTH  
JETBLUE PARK  
NOVEMBER 7 - 23, 2014

PATRON  
PARKING

