



EVENT PERMIT

Ordinance 14-15



RETURN TO MACHO TIME

PERMIT NUMBER: TMP2016-00247

Date(s) of Event: September 17, 2016 from 6:00pm until 11:59pm

Property Owner: FISCHER FL PROPERTIES

Applicant: KRISTEN STONE

Contact: KRISTEN STONE

Description: Professional Boxing Show

Location of event: 9501 THUNDER RD FORT MYERS 33913
SIX BENDS HARLEY-DAVIDSON/***239-823-9318

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? No

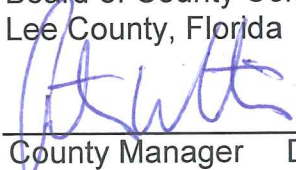
Will there be alcohol consumed or sold at the event ? Yes

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

 9-14-16
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

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	Return To Macho Time
Date(s) of Event / Production:	September 17th, 2016
Location(s) of Event:	9501 Thunder Rd. Fort Myers, FL 33913
Name of Applicant:	Kristen Stone
Applicant Address:	3115 Pine Tree Drive, Bonita Springs, FL 34134
Applicant Phone Number:	734-262-0669
Contact Person: (If different from applicant)	Ronald Rose
Contact Phone Number: (If different from applicant)	239-823-9318
Email Address:	ronbrose452@ahotmail.com
Estimated Attendance:	1,000
Event Description: Include each activity, when activities take place, etc.	(Sanction by the FL State Boxing Commission) Professional Boxing Show
Hours of Operation:	6pm to 11:59pm
STRAP # of Parcel:	22-45-25-23-00000.0010
Owner of Premises*:	Fischer Florida Properties I, LLC

*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: Boxing Ring

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:

Gagliardi Insurance Services Inc.

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

Surety Company Bonding this Event (Name and Address):

Lance Surety Bond Associates, Inc.
4387 Swamp Rd. #287, Doyletown Pa. 18902

<p>Will Vehicles be Used as Part of This Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, automobile coverage must be included on the certificate of insurance.</p>	<p>Will Food be Available at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, products liability coverage must be included on the certificate of insurance.</p>	<p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p>
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Name & Address of Organization

Providing Food:

Type of Food being Served:

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)

Blessings in a Backpack

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):

Will any of the following be needed or included*?

* For any marked Yes, provide further details below:

[illegible]

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.

X Kristen Stone
Signature of Applicant

Ronald Rose
Witness

X Kristen Stone
Print Name of Applicant and Title

Ronald Rose
Print Name of Witness

9/07/2016

Date

9/07/2016

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:

In authorized parking areas only.

Deputies (How Many?):

None.

Fee for Services:

Special Arrangements:

Deputies may be required if flow of traffic on Daniels Parkway and/or Treeline Rd. become impeded.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott K. Lucia

Title: Special Events, Permits and Details

Date: 8 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:

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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 tents

First Aid Equipment:

provided by event

Fire Extinguishing:

minimum 2A 10 BC extinguisher at all tents

Special Arrangements:

None

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
Date: 2016.09.07 08:57:34 -04'00'

Title: Fire Marshal, South Trail Fire District

Date: Sep 7, 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:	As already prescribed.
Medical Supplies / Equipment:	None necessary.
Safety Requirements:	No additional precautions necessary.
Fee for Services	Not applicable.
Special Arrangements:	Thank you for working with our agency on arrangements in advance!

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes
Date: 2016.09.12 13:18:28 -04'00'

Title: Chief

Date: 09/12/2016

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:

No event parking on Lee County 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.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2016.09.08 08:54:00 -04'00'

Title: Senior Project Manager

Date: September 8, 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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☐ FILM PERMIT

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

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

Event will not affect Parks and Recreation programs or operations.

Print Name: Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

9/13/16

6 Bands

Macho Time

9/17/16

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH 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:

September 12, 2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/7/2016

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).

PRODUCER Gagliardi Insurance Services, Inc. 2380 S. Bascom Ave. Suite 100 Campbell, CA 95008 0791300	CONTACT NAME PHONE (408) 414-8100 FAX (408) 414-8159 EMAIL sales@gsportsinsurance.com ADDRESS
INSURED Hard As Stone Promotions 3115 Pine Tree Drive Bonita Springs, FL 34134 734-262-0669	INSURER(S) AFFORDING COVERAGE INSURER A: New York Marine & General Ins. NAIC # 16608 INSURER B: Federal Insurance Company 20281 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.

INSURER	TYPE OF INSURANCE	ACORD NO.	SUBS. NO.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER	X		PK201600007090	9/16/2016	9/18/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP. (Any one person) \$ 0 PERSONAL & AD&V INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD AGG \$ 1,000,000 HYPERBARE TANK VESSEL \$ EXCLUDED
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB. <input type="checkbox"/> OCCUR EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE DED. <input type="checkbox"/> RETENTION						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' 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"/> PER POLICY <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			9907-0668	9/17/2016	9/18/2016	Limit \$20K / \$500 DED AD&D \$20K

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902	CANCELLATION 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
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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:

Signature:

Title:

Date:

General Admission

\$30

VIP GOLD

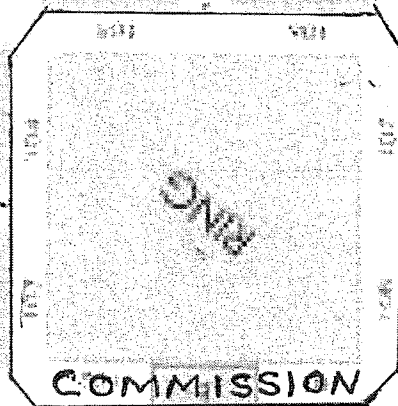
RESERVE SILVER

RESERVE BRONZE

\$125

\$75

\$45



ENTER
HERE

Lance Surety Bond Associates, Inc.

4387 Swamp Road, #287
Doylestown, PA 18902

Kristen Stone
3115 Pine Tree Drive
Bonita Springs, FL 34134

INVOICE

Stone, Kristen	34587
05/12/2016	
Collette Vierling	
1 of 1	

325.00	
Invoice#162168	
PB11499802555	

Thank You

Please detach and return with payment

Customer: Stone, Kristen

Invoice	Effective Date	Description	Policy #	Amount
162168	09/17/2016	New business	Policy #PB11499802555 09/17/2016-09/16/2017 Philadelphia Indemnity Insurance Company STATE OF FLORIDA \$15,000 PROMOTER BOND PREMIUM INCLUDES OVERNIGHT SHIPPING \$25.00 THANK YOU! PAID	325.00
				325.00

Thank You

Lance Surety Bond Associates, Inc.
4387 Swamp Road, #287
Doylestown, PA 18902

(877)514-5146

info@suretybonds.org

05/12/2016



FLORIDA STATE BOXING COMMISSION

1940 North Monroe Street, Tallahassee, Florida 32399-1016 (850) 488-8500 fax (850) 922-2249

APPLICATION FOR PERMIT

Please check the box for the permit type for which you are applying. If you are not currently licensed as a promoter in Florida, an application for license with fee must accompany this form. No match or program of matches may be advertised until the Commission has approved both the permit and participants. No tickets for the program may be sold or issued until the commission has approved the permit. A non-refundable permit fee must accompany this application.

PERMIT FEES: **Boxing / Kickboxing / Mixed Martial Arts Permit Fee = \$1,800**

Paid
5/14/16
JAK

☒ **C Live Event (held in Florida)**

☐ **Television Broadcast**

EVENT SPORT:

☒ **BOXING**

☐ **C KICKBOXING**

☐ **C MIXED MARTIAL ARTS**

NAME OF PROMOTER (as licensed): Kristen Stone
CONTACT NUMBER FOR PROMOTER: 734-262-0669

NAME OF EVENT: "Return To Macho Time"

DATE OF EVENT: 9-17-2016 START TIME OF EVENT: 8 pm CITY LOCATION OF EVENT: Fort Myers, FL

TO BE COMPLETED BY PROMOTER FOR LIVE EVENT PERMITS (program of matches held in Florida):

NAME OF THE MATCHMAKER FOR THIS EVENT (as licensed): First Ronald Last Rose
MATCHMAKER CONTACT PHONE NUMBER: 239-823-9318
Matchmaker must hold a current Florida Matchmaker license.

NAME OF EVENT FACILITY: Six Bends
EVENT FACILITY LOCATION ADDRESS (street, city, zip code): 9501 Thunder Rd, Fort Myers, FL 33913
TELEPHONE NUMBER OF FACILITY: 678-997-9655 / 239-275-4647

WEIGH-IN INFORMATION (WEIGH-IN MUST START AT 5:00 p.m.)

DATE OF WEIGH-IN: 9-16-2016
NAME OF WEIGH-IN FACILITY: Six Bends
ADDRESS OF WEIGH-IN FACILITY (Street, City, Zip Code): 9501 Thunder Road, Fort Myers, FL 33913
TELEPHONE NUMBER OF WEIGH-IN FACILITY: 678-997-9655 / 239-275-4647

BROADCAST INFORMATION:

WILL ANY MATCH IN THIS PROGRAM OF MATCHES BE BROADCAST? No ☐ YES ☒ NO

IF YES WHAT IS THE ESTIMATED REVENUE AMOUNT? \$ _____

WILL THE EVENT BE TELECAST UTILIZING CLOSED CIRCUIT INCLUDING PAY-PER-VIEW? ☐ YES ☒ NO

WILL THE EVENT BE TAPED FOR USE OTHER THAN PROMOTER REVIEW?

☐ YES ☒ NO

GROSS RECEIPTS AND COMMISSION TAXES: (MUST BE COMPLETED BY LICENSED PROMOTER)

Is there any person or business entity, other than the licensed promoter of record that will receive revenues or other compensation from the sale of tickets or broadcast rights in conjunction with the promotion of the program of matches? (Include any copies of contractual arrangements) ☒

YES ☒ NO

If YES, provide the following information for each person or business entity in the space provided below or you may attach an additional sheet if necessary:

NAME: _____ CONTACT TELEPHONE NUMBER: _____
ANTICIPATED REVENUE SOURCE (ticket sales): _____

I understand that I am responsible for the payment of all taxes due the Commission and for making such payments within the prescribed timeframes.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Kristen Stone

Signature of Promoter

Kristen Stone

Print Name

5-10-16

Date

5-17-16

From: sales@gsportsinsurance.com
Subject: Payment Received - Thank you!
Date: June 7, 2016 at 1:59 PM
To: Kristen Stone ronbrose452@hotmail.com



Thanks Kristen Stone!

Thank you for your recent payment to Gagliardi Insurance Services. Your payment is now being processed, if you have any questions please [contact us](#) anytime.

Amount: \$2,820.00

Payment Description:

"This payment is for the application under the company name Hard As Stone Promotions. The application was completed on 06/07/2016."

Proof of coverage will be emailed you within 7 business days.

If an expedite fee was included, proof of coverage will be provided within 24 hours (not including weekends).

Login



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
6/13/2016

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).

PRODUCER Gagliardi Insurance Services, Inc. 2380 S. Bascom Ave. Suite 100 Campbell, CA 95008 0791300	CONTACT NAME		
	PHONE (A/C No. Ext.)	(408) 414-8100	FAX (A/C No.) (408) 414-8199
	E-MAIL ADDRESS	sales@gsportsinsurance.com	
INSURED Hard As Stone Promotions 3115 Pine Tree Drive Bonita Springs, FL 34134 734-262-0669	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: New York Marine & General Ins.		16608
	INSURER B: Federal Insurance Company		20281
	INSURER C:		
	INSURER D:		
	INSURER E:		

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	ADUL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PK201600007090	9/16/2016	9/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 0
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						Participant Legal Liab \$ EXCLUDED
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTIONS						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			9907-0668	9/17/2016	9/18/2016	Limit \$20K / \$500 DED AD&D \$20K

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER

CANCELLATION

Fischer Florida Properties I, LLC
12271 Towne Lake Drive
Fort Myers, FL 33913

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
6/13/2016

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).

PRODUCER Gagliardi Insurance Services, Inc. 2380 S. Bascom Ave. Suite 100 Campbell, CA 95008 0791300	CONTACT NAME:	
	PHONE (A/C No. Ext): (408) 414-8100 FAX (A/C No.): (408) 414-8199 E-MAIL ADDRESS: sales@gsportsinsurance.com	
INSURED Hard As Stone Promotions 3115 Pine Tree Drive Bonita Springs, FL 34134 734-262-0669	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: New York Marine & General Ins.	16608
	INSURER B: Federal Insurance Company	20281
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PK201600007090	9/16/2016	9/18/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Participant Legal Liab \$ EXCLUDED
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> 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 \$
B	Accident Medical			9907-0668	9/17/2016	9/18/2016	Limit \$20K / \$500 DED AD&D \$20K

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

CERTIFICATE HOLDER

CANCELLATION

Florida Hogs Commercial Owners Association
12271 Towne Lake Drive
Fort Myers, FL 33913

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

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6/13/2016

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PRODUCER Gagliardi Insurance Services, Inc. 2380 S. Bascom Ave. Suite 100 Campbell, CA 95008 0791300	CONTACT NAME: PHONE (A/C No. Ext): (408) 414-8100 FAX (A/C No.): (408) 414-8199 E-MAIL: sales@gsportsinsurance.com ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: New York Marine & General Ins. INSURER B: Federal Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Hard As Stone Promotions 3115 Pine Tree Drive Bonita Springs, FL 34134 734-262-0669	NAIC # 16608 20281

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.

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	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			9907-0668	9/17/2016	9/18/2016	Limit \$20K / \$500 DED AD&D \$20K

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Accident medical coverage provided for 10 Pro Bouts.

CERTIFICATE HOLDER

Hard As Stone Promotions
3115 Pine Tree Drive
Bonita Springs, FL 34134

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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	E-MAIL ADDRESS: sales@gsportsinsurance.com			
INSURED Hard As Stone Promotions 3115 Pine Tree Drive Bonita Springs, FL 34134 734-262-0669	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: New York Marine & General Ins.			16608
	INSURER B: Federal Insurance Company			20281
	INSURER C:			
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	INSURER E:			

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 0
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$ 1,000,000
	OTHER:						Participant Legal Liab \$ EXCLUDED
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTIONS						\$
	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)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
B	Accident Medical			9907-0668	9/17/2016	9/18/2016	Limit \$20K / \$500 DED AD&D \$20K

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Motorsports of Fort Myers LLC
9501 Thunder Road
Fort Myers, FL 33913

CANCELLATION

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

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Hard as Stone Promotions

Return to Macho Time

Sponsorship Packages

Bronze

\$1500 (8 Available)

- Receive 2 Ringside VIP Seats (Front Row)
- Ring Announcer Announces as Sponsor For a Bout
 - Advertise on Fight Poster & Fliers

Silver

\$3500 (2 Available)

- Receive 5 Ringside VIP Seats (Front Row)
- Ring Announcer Announces as Sponsor For

Special Feature

- Hang up 1 Banner of their business
- Advertise on Fight Poster & Fliers

Gold

\$4500 (2 Available)

- Receive 8 Ringside VIP Seats (Front Row)
- Ring Announcer Announces as Sponsor For Main Event
 - Hang up 2 Banners of their business
 - Advertise on Fight Poster & Fliers
 - Advertise on Ring Card Girls Outfits



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Florida Department of Business Professional Regulation



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FLORIDA STATE BOXING COMMISSION

Upcoming Events

Please be advised that boxing, kickboxing, and mixed martial arts events are subject to cancellation. For the most current event schedule information, please contact the Florida State Boxing Commission at **850.488.8500**.

Paul Waters,
Executive Director

Frank Gentile,
Assistant Executive Director

Florida State Boxing Commission
1940 North Monroe Street
Tallahassee, FL 32399-1016

Phone: **850.488.8500**
Media Inquiries: **850-922-8981**

Commission Meeting Information

DATE	LOCATION / VENUE	PROMOTER	SPORT
<u>June 3, 2016</u>	Hollywood	Panther Promotions	Boxing
<u>June 3, 2016</u>	Daytona Beach	Final Fight Championship	MMA
June 10, 2016	Miami	Titan	MMA
June 18, 2016	Tallahassee	Rumble League Promotions	Boxing
June 24, 2016	Miami	<u>Fight Time Promotions</u>	MMA
July 2, 2016	Sarasota	Mad Integrity	Boxing
July 8, 2016	Pensacola	Square Ring	Box/MMA
July 22, 2016	Tampa	RFC	MMA
August 6, 2016	Miami	Jorge Luis Perez	Boxing
★ September 17, 2016	Ft. Myers	Kristen Stone	Boxing



1940 North Monroe Street, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: **850.487.1395**

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact **850.487.1395**. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S., must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.

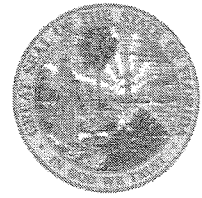
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA STATE BOXING COMMISSION

LICENSE NUMBER

PRO246

The PROMOTER
Named below IS LICENSED
Under the provisions of Chapter 548 FS.
Expiration date: DEC 31, 2016

STONE, KRISTEN A
3115 PINE TREE DR
BONITA SPRINGS FL 34134



ISSUED: 06/02/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606020000558

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA STATE BOXING COMMISSION

LICENSE NUMBER

MTCH80

The MATCHMAKER
Named below IS LICENSED
Under the provisions of Chapter 548 FS.
Expiration date: DEC 31, 2016

ROSE, RONALD BRIAN
511 BRONX AVE
LEHIGH ACRES FL 33974



ISSUED: 06/13/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606130000088

FISCHER FLORIDA PROPERTIES, LLC

12271 Towne Lake Drive

Fort Myers, FL 33913

239.690.4647

August 30, 2016

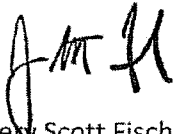
Re: Lee County Event Application

I am the property owner for Six Bends Harley-Davidson located at 9501 Thunder Road, Fort Myers, FL 33913. Hard as Stone Productions and Bonita Beach Boxing will be holding the Return to Macho Time Professional Boxing Event on Saturday, September 17, 2016.

This event will be held at Six Bends Harley-Davidson on our Riding Academy Range.

Restroom facilities will be provided by the third party. I have given my permission for this event.

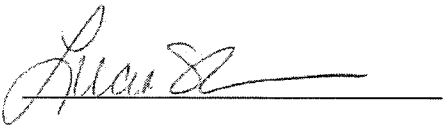
Sincerely,



Jeffery Scott Fischer

Property Owner

Sworn and subscribed before me this 30th day of August 2016 by Jeffery Scott Fischer, who is personally known to me.



Lucia Sherman

Notary Public

State of Florida

