

# **EVENT PERMIT**



Ordinance 14-15

#### PRIVATE MEMBERSHIP APPRECIATIO

**PERMIT NUMBER:** 

TMP2016-00286

Date(s) of Event:

NOVEMBER 3RD 2016 5:00PM-7:00PM

Property Owner:

LEE COUNTY

Applicant:

**BOCA GRANDE HISTORICAL SOCIETY** 

Contact: KIM KYLE

Description:

PRIVATE MEMBERSHIP APPRECIATION RECEPTION

Private Reception for society membership to present new exibition in the musem

which will open to the public the next day

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

BOCA GRANDE COMMUNITY PARK \*\*\*941-830-0454

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?

Yes

Will a bond be posted for this event?

No

#### Permit Conditions:

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

Board of County Commissioners

Lee County, Florida

County Manager

Date

10-3-16



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **Event Application**

Check the	appropriate box(es) below:
	SPECIAL EVENT PERMIT
X	USE OF COUNTY PROPERTY PERMIT
区	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Title of Event / Name of	
Production	PRIVATE MEMBERSHIP APPRECIATION RECEPTION
Date(s) of Event / Production:	THURSDAY, NOVEMBER 3, 2016
Location(s) of Event:	170 PARK AVE. BOCA GRANDE, FL 33921
Name of Applicant:	BOCA GRANDE HISTORICAL SOCIETY, INC KIM KYLE
Applicant Address:	P.O. BOX 553 170 PARK AVE. BOCA GRANDE, FL 33921
Applicant Phone Number:	941-964-1600
Contact Person: (If different from applicant)	KIM KYLE, EXECUTIVE DIRECTOR
Contact Phone Number: (If different from applicant)	W- 941-964-1600, C- 941-830-0454
Email Address:	KYLEKS@LEEGOV.COM
Estimated Attendance:	60 - 85
Event Description: Include each activity, when activities take place, etc.	PRIVATE RECEPTION FOR THE SOCIETY MEMBERSHIP TO PRESENT NEW EXIBITION IN THE MUSEUM WHICH WILL OPEN TO THE PUBLIC THE NEXT DAY
Hours of Operation:	5:00PM - 7:00PM
STRAP # of Parcel:	144320010000500100
Owner of Premises*:	Lee County Government

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



#### Fill out the following questions for all permit types:

What is the Zoning	Classification of the	premises? PUBLIC FA	CILITY		
Are any temporary s	structures to be insta	alled for the event?	Yes 🔀 No	Гуре:	
Oo you have the app	propriate permits for	r the temporary struc	tures?	Yes	┌ No
* For a 'Special Eve indentified, includin		ty Property' permit, s	ubmit a site plan wit	th all proposed f	acilities and activities
Insurance Company	Insuring the Event:	ITALIANO INSURANCE	/ FIRST SECURITY		
Note: Certificate of Insu	rance must be submitte	d at time of application			
Surety Company Bo	onding this Event (Na	nme and Address):			
	sed as Part of This	Will Food be Availa	ble at this Event?		olic Beverages be umed at this Event?
Yes	X No	Yes	⊠ No	▼ Yes	T No
If yes, automobile included on the cert		If yes, products liabilitiincluded on the certi			ability coverage must be certificate of insurance.
Name & Address or Providing Food:	f Organization				-
Type of Food being	Served:				
Section II - US	E OF COUNTY P	ROPERTY PERMI			
Organization Spon	soring the Event: BC	OCA GRANDE HISTORIC	AL SOCIETY		
		r Solicitation in the C		y:	
Name of Charity:					
Address of Charity	•				
Phone Number:					
Non-profit certific	ate/registration num	nber: CH6860			
(Proof of registration with	h the Dept. of Agriculture &	Consumer Services §496.40	5 or proof the organization	is exempt from this r	equirement. §316.2045)
Section III - SA	ALE/CONSUMPT	ION OF ALCHOL	C BEVERAGES P	ERMIT	
Is alcohol being sol If Yes, then a "Lee County	id/consumed on Cou Alcohol Permit" is required	inty Property?  Only non-profit organizatio	ns can sell alcohol on Count	▼ Yes y Property.	No No
Non-profit certification (Required if alcohol is to be	ate/registration num be <u>SOLD</u> at the event)	nber: SERVING, NOT SEI	LING ALCOHOL AT TI	HIS EVENT	
Please note: A permit	from the State of Florida	Division of Alcoholic Bev	erages and Tobacco may	also be required; p	ease call (239) 344-0885 fo



ection IV - FILM / VIDEO / PHOTOGRAPHY PERMIT	N/A					
e of Production (choose all that apply):						
TV Movie or Special TV Series / Pilot	TV Comme	ercial	. Г	Still Photo	S	
Public Service Announcement Industrial / Documentary	Other:					
l any of the following be needed or included*?						
Street Closure	T Yes	Γ_	No			
Traffic / Crowd Control	Yes	<u> </u>	No			
Fire or Burning	_ Yes	<b></b>	No			
Explosives or Pyrotechnics	┌ Yes	Γ.	No			
Animals, Large or Small	T Yes	Γ	No			
Construction of Any Kind	Yes	Γ	No			
Large and/or Numerous Vehicles	Yes	-	No			
Helicopters, Boats, etc.	Yes		No			
Stunts	T Yes	Γ	No			
Other	┌ Yes		No			
For any marked Yes, provide further details below:						
Special Parking Requirements:						
Special Parking Requirements:						
	, etc.)					
Special Parking Requirements:	, etc.)					
Special Parking Requirements:	, etc.)					
Special Parking Requirements:	production i	n Florid	a to i	track the e	conomi	cimpac
Special Parking Requirements:  City or County Services Required: (Personnel, equipment, facilities,  The following information is required for local and state records on	production i losely as poss	sible.		track the ed	conomi	impac
Special Parking Requirements:  City or County Services Required: (Personnel, equipment, facilities,  The following information is required for local and state records on the industry. If exact figures are not available, please estimate as c	production i losely as poss	sible. umber o			conomi	cimpac

#### **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.

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Thin Inlo	Sent LW'
Signature of Applicant	Witness
Print Name of Applicant and Title	Print Name of Witness
9/22/10	9/22/16
Date	Date



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

Check the appropriate box(es) below:

SPECIAL EV	ENT PERMIT			
C., in	UNTY PROPERTY		(EDACES WITHIN LEE COLINT	V EACH ITIES
T men		JIME ALCOHOLIC BE	/ERAGES WITHIN LEE COUNT	1 FACILITIES
FILM PERM	111			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P	LEASE INDICATE BEI LY WITH FOR THEIR	LOW WHAT ARRANGEMENTS EVENT.	S YOUR ORGANIZATION
	3			
Parking:	Parking in authorize	ed parking areas only		
Deputies (How Many?):	None			
Fee for Services:	None		4	
		and the second s	and the second s	
Special Arrangements:	None			
		and the second s	and the second s	The second secon
	Print Name:	Capt. Scott Lucia		
	Signature:	Lucia, Scott	Disjusity separat by Locks, Kourt DD: Givered, discussed fillings and UCSO Diseas, con-Locks, Scart, embed-Lituscaps-Sectional comp Date: 2016;200,28: 17:1-120 GHCD*	_
	Title:	Special Events, Permit	s and Details	
	Date:	26 September 2016		



#### 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.

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was to a	
Check the appropriate box(es) below:	•
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F SPECIAL EVENT PERMIT

FILM PERMIT

TX USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPLI	CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	artinia del Colonia de La Colonia de La Colonia de La Colonia de Colonia de Colonia de Colonia de Colonia de C	None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:	TO THE REAL PROPERTY OF THE PR	
		None
Fire Extinguishing:	MERIDIAN ERIOLOGICA PROPERTY (PROPERTY PROPERTY PROPERTY (PROPERTY PROPERTY	
and the second s		None
Special Arrangements:	999 ФР, Д. Н. В. Столо Соло Соло Соло Соло Соло Соло Сол	
		In case of emergency - Dial 911
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	09/23/2016

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

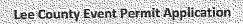
Check the approprie	ate box(es) belov	w:		
SPECIAL EV	ENT PERMIT			
区 USE OF CO	UNTY PROPERTY PI	ERMIT		
FILM PERM	IT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			WHAT ARRANGEMENTS Y	OUR ORGANIZATION
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	rtions necessary.		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. T	o arrange special event coverage	e, contact our office at
	Print Name:	Benjamin Abes		
·	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2016.09.24 19:00:07 -04'00'	
	Title:	Chief		
. * 6	Date:	09/24/16		



#### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	ate box(es) bel	ow:			
SPECIAL E	/ENT PERMIT				
2 comme	UNTY PROPERTY				
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUN	TY FACILITIES	
FILM PERA	ЛІТ				
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, P LICANT TO COMP	PLEASE INDICATE BELO PLY WITH FOR THEIR EV	W WHAT ARRANGEMEN ENT.	ts your organizati	ON
Parking:	Park in designated is prohibited.	areas. No event parking or	n Lee County maintained road	rights-of-way where parki	ng
Ingress and Egress:	Use all established	means of ingress and egre	95S.		
	as kirina dina manana				
	ila yirin ila memananin karanin karani				
Special Arrangements:	None.			e e e e e e e e e e e e e e e e e e e	
	roanna anno cha milionna anno anno anno anno anno anno anno				
	onditrineral profile				
	week of the second of the seco	and the second of the second o			
	Print Name:	Bryan Miller			
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2016.09.23 13:56:24 -04'00'		
	Title:	Senior Project Manager		·	
	Date:	September 23, 2016			

### Boca Grande Historical Society - Private Membership Reception - 11/3/16





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

Check the appropri	ate box(es) belo	w:		•
	UNTY PROPERTY I		C BEVERAGES W	ITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PI LICANT TO COMP	EASE INDICAT LY WITH FOR T	E BELOW WHAT HEIR EVENT.	ARRANGEMENTS YOUR ORGANIZATION
Illumination:	Additional lighting prohibited.	must be provided	by permit holder	and removed after the event. Open flames are
Parking Areas:	Parking is permitte	d in existing parki	ng areas located a	t the Boca Grande Community Park.
Special Arrangements:	alcohol consumption Boca Grande Comm Lee County Parks	on must stay with nunity Park. & Recreation Dire the Boca Grande	in the designated a ector or Deputy Dir Community Park) k	nnce #95-09 (selling and consumption). All area discussed with the P&R supervisor at the ector approves this alcohol permit (2 - permits by signing below.  additionally insured and host liquor if serving
	Print Name: Signature: Title: Date:	Alise Fr Alise Fr Deputy D 7/27/1	-layade lande liredor	Joe Wier  Joseph R Wier  Supervisor  9/22/16



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

Check the appropriat	re box(es) belo	ow:
SPECIAL EVE	NT PERMIT	
⋉ USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONSU	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	T .	
AFTER REVIEWING THE A	APPLICATION, PICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
	(\$1,000,000) ner (	Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.
Special Arrangements:	A Certificate of In Board of County additional insure	surance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an d.
	Subject to proof	of insurance.
	Print Name:	Mike Figueroa
	Signature:	7
	Title:	Risk Program Manager
	Date:	September 23, 2016



#### CERTIFICATE OF LIABILITY INSURANCE

OP ID; KT

04/11/2016

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.

certificate holder in lieu of such endorsement(s). PRODUCER				CONTACT					
ITALIANO INSURANCE-BOCA P. O. Box 1406 Boca Grando, FL 33921				NAME:   PHONE					
			CONTO			IDING COVERAGE	·····	NAIG #	
INSURED Boca Grande Historical Society				INSURER A : Bankers Insurance Company					
PO Box 553 Boca Grande, FL 33921			INSURER B:						
boda Grande, FL 33927				INSURER C:					
				INSURER D:					
				INSURER E :					
OVERAGES CER	TIEICA	TE RIJESCEN.	INSURE	RF:	***************************************	mentecon an an anno			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA				REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
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SR TYPE OF INSURANCE	ADDL SU	er VD Policy Number		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$		
GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,00	
X COMMERCIAL GENERAL LIABILITY	Х	080004959299316		01/21/2016	01/21/2017	DAMAGE TO RENTED PREMISES (Es occurrence)	\$	50,00	
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,00	
						PERSONAL & ADV INJURY  GENERAL AGGREGATE	\$	include • 2.000.00	
GEN'L AGGREGATE UMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,00	
POLICY PRO- JECT LOC						Host Lia	\$	1.000,00	
AUTOMOBILE LIABILITY		****	***************************************	-		COMBINED SINGLE LIMIT	\$		
ANY AUTO						(Es accident)  SODILY INJURY (Per person)	s		
ALL OWNED AUTOS						BODILY INJURY (Per socident)			
SCHEDULED AUTOS						PROPERTY DAMAGE	s		
HIRED AUTOS NON-OWNED AUTOS						(PER ACCIDENT)	\$	<del></del>	
MOIN-OWNED VOTOS							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	<u>.</u>		
EXCESS LIAS GLAIMS-MADE						AGGREGATE	\$		
DEDUCTIBLE							\$		
RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER			
OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					. }	E.L. DISEASE - EA EMPLOYEE			
DESCRIPTION OF OPERATIONS below		<del>-</del>				E.L. DISEASE - POLICY LIMIT	\$		
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE COUNTY BOCC, a political corida, are Additional Insuredition contract.	ES (Attac subdiv ad on	h ACORD 191, Additional Remarks: vision & Charter Co the General Liabil	unty ity a	of the St s require	required) :ate of ed by	ikkataurrapagansin-pisarten minin.		ming of the desiration of the second section is a second section in the second section in the second section is	
ERTIFICATE HOLDER			<u></u>	ELLATION		PPCTA 99 NP NC Statistics and have consensed to the consense of the first stay of the deplete descendants.		to District the state of the st	
LEE COU				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Lee County Government of Board of County Commis P.O. Box 398 Ft. Myers, FL 33902-0398		\$	AUTHO	ORDANCE WI	TH THE POLIC	Y PROVISIONS.	nest that the	418 (18)	

