



EVENT PERMIT

Ordinance 14-15



SOUTHWEST GULF COAST WALK

PERMIT NUMBER: TMP2016-00290

Date(s) of Event: November 5, 2016 from 8:00am until 12:00pm

Property Owner: LEE COUNTY

Applicant: TAMMY STURTEVANT

Contact: TAMMY STURTEVANT

Description: SOUTHWEST GULF COAST WALK FOR CHILDREN WITH APRAXIA/Walk, crafts and games, raffle

Location of event: 9190 9398 CORKSCREW PALMS BLVD ESTERO 33928
ESTERO COMMUNITY PARK/**239-849-1923

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

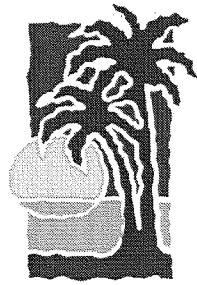
Will a bond be posted for this event ? No

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

 10-5-16
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	Southwest Gulf Coast Walk for Children with Apraxia
Date(s) of Event / Production:	November 5, 2016
Location(s) of Event:	Estero Park
Name of Applicant:	Tammy Sturtevant
Applicant Address:	12024 Ledgewood Circle Ft. Myers, FL 33913
Applicant Phone Number:	239-849-1923
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	patsrule4@yahoo.com
Estimated Attendance:	100-150 people
Event Description: Include each activity, when activities take place, etc.	there will be registration for walk starting at 830. Walk will start around 915-930. There will be crafts for the kids throughout the morning and games for the kids. we will also have packaged snacks, water and possibly cupcakes from a bakery. We will also hold a raffle for the participants and giving awards to the children affected by apraxia. The walk will end approximately at noon.
Hours of Operation:	8:00-12:00
STRAP # of Parcel:	34-46-25- 34-46-25-E4-0100C.017A
Owner of Premises*:	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? Counties Other/86

CF

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: Simpson & McCrady LLC

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

Surety Company Bonding this Event (Name and Address): _____

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

Food is TBD but will know before September 30th. Trying to get an ice cream truck.

Type of Food being Served: prepackaged snacks, bottled water and canned soda

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: CASANA

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

Name of Charity: CASANA

Address of Charity: 416 Lincoln Avenue 2nd Floor, Pittsburgh PA 15209

Phone Number: 412-455-5185

Non-profit certificate/registration number: 25-1858159

(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 ALCOHOLIC 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

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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

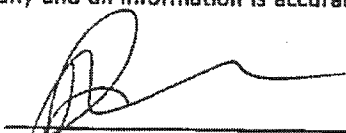
The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee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

Tammy Shurlevant Coordinator
Print Name of Applicant and Title

Ben MacDonagh
Print Name of Witness

8/29/2016
Date

8/29/16
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?):

None

Fee for Services:

None

Special Arrangements:

None

Print Name: Capt. Scott Lucia

Signature: Capt. Scott K. Lucia

Title: Special Events, Permits and Details

Date: 21 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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Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	Contact 911 For Emergencies
Fire Extinguishing:	Contact 911 For Emergencies
Special Arrangements:	N/A

Print Name: Scott Danielson

Signature:

Title: Lt. Prevention

Date: 9/29/2016

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
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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.

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: 2016.09.30 16:02:27 -04'00'

Title: Chief

Date: 09/30/2016

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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Parking:

Park in designated areas. 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 as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2016.09.14 09:59:07 -04'00'

Title: Senior Project Manager

Date: September 14, 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:

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Illumination:

Apraxia "Walk-Nov 5th, 2016-Organizer to provide own lighting if setting up prior to daybreak. Park gate opens at 645pm

Parking Areas:

All vehicles must use designated parking areas in the parking lots. No vehicles on the central green lawn area. Organizer may drop off supplies via the service road between the rec center and the chiller area. After drop off vehicles must park in the parking lot. For overflow parking contact Select Real Estate office Manager Karen Edwards @239-277-1515. You must obtain authorization to use their parking lots. No BLOCKING service Rd between rec center and chiller. Must have clear path for Fire Dept for any emergencies

Special Arrangements:

No staking of tents or any other inflatable devices. Must use water barrels or sand bags. Organizer to order extra dumpster if food vendor on site. Organizer to order extra porto johns if needed. at organizer's expense.

Outdoor restroom open 7:00 am -9:00 pm daily.
Rec Center restrooms open Sat & Sun 9:00 am -5:00 pm

Contact person Irma Reyes, Supervisor 239-229-2063 or office number 239-498-0415 Office

Print Name:

Alise Flanagan

Signature:

Alise Flanagan

Title:

Deputy Director

Date:

9/16/16

Irma Reyes, Supervisor
239-498-0415-229-2063

ES

Nov. 5, 2016

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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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:

October 3, 2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2016

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 Simpson & McCrady LLC 310-330 Grant Street Suite 1320 Pittsburgh PA 15219-2233	CONTACT Jean Kowalecki PHONE (412) 261-2222 FAX (412) 261-3437 E-MAIL jean@simpson-mccrady.com ADDRESS INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins. Co INSURER B: Federal Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** CL1652415179 **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 RISK	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Special Event Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHK1497495	5/23/2016	5/23/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000
	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 EXCESS LIAB DED 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident & Health Liability		9907-78-30	5/23/2016	5/23/2017	Limit: \$25,000 Deductible: \$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lee County Board of Commissioners is included as an additional insureds as their interests may appear in the 2016 Southwest Gulf Coast Florida Walk for Children with Apraxia of Speech being held at Estero Community Park located at 9200 Corkscrew Palms Blvd in Estero, FL on November 5, 2016.

CERTIFICATE HOLDER**CANCELLATION**

Lee County Board of Commissioners
County Administration Building, 4th Fl
2115 Second St
Fort Myers, FL 33901

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

Jean Kowalecki/JEAN

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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**

N/A

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:

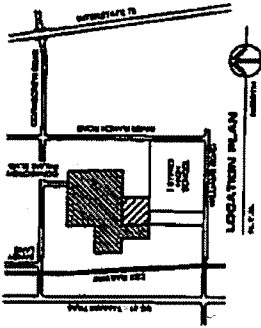
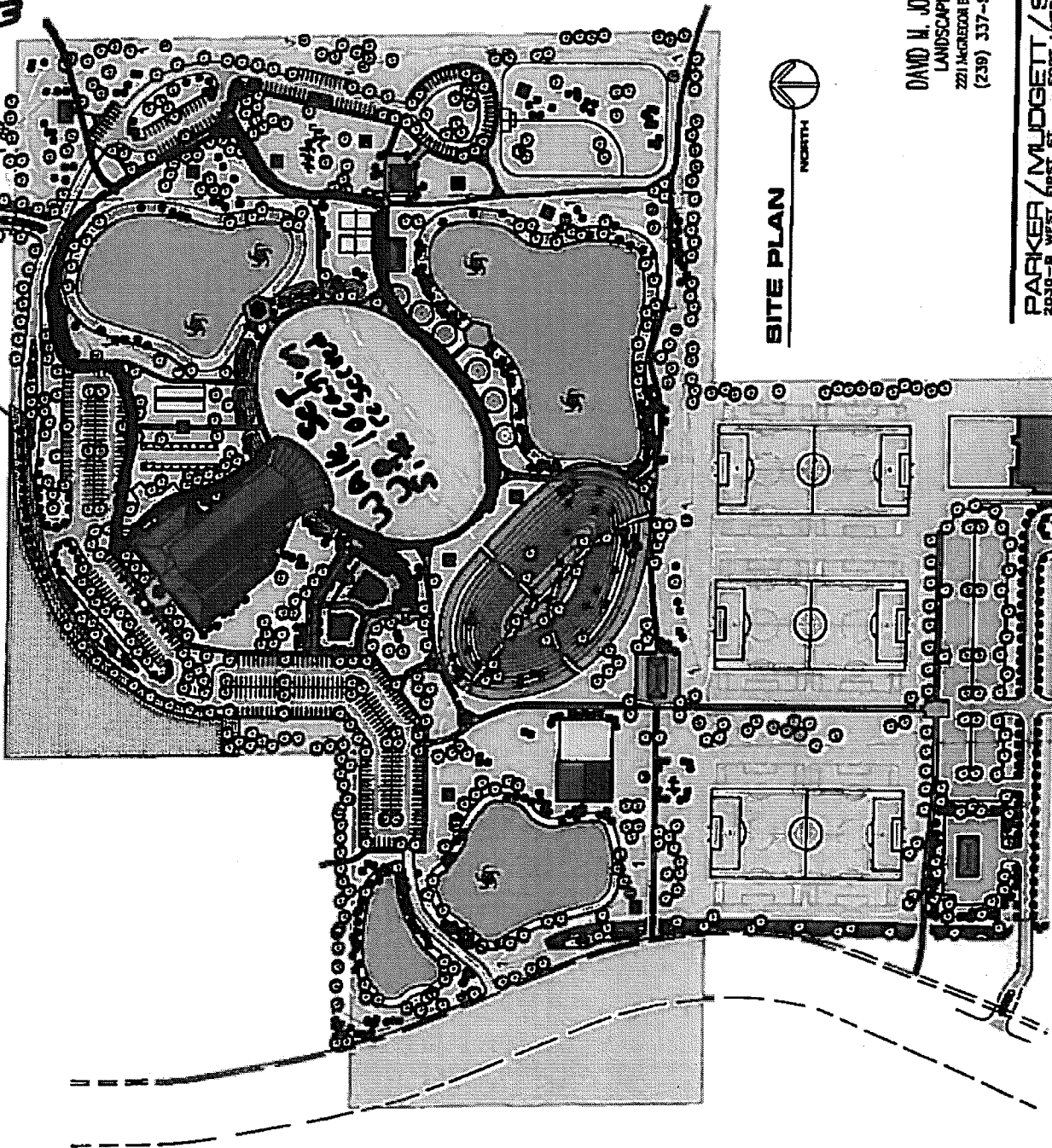
Signature:

Title:

Date:

ESTERO COMMUNITY PARK

walk
path



BOARD OF COUNTY COMMISSIONERS

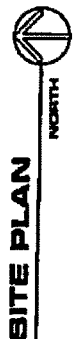
BOB JAMES
DISTRICT 1

DOUGLAS ST. CERNY
DISTRICT 2

RAY JUDAH
DISTRICT 3

ANDREW COY
DISTRICT 4

JOHN ALBION
DISTRICT 5



DAVID M. JONES JR. AND ASSOCIATES, INC.
LANDSCAPE ARCHITECTS AND PLANNERS
221 MAGNOLIA BOULEVARD
FORT MYERS, FLORIDA 33901
(239) 337-5525 FAX (239) 337-4494

PARKER/MUDGETT/SMITH ARCHITECTS, INC.
2030-B WEST FIRST ST., FORT MYERS, FLORIDA
(239) 332-1171