

EVENT PERMIT



Ordinance 14-15

COUNTY ADMINISTRATION

FT MYERS MARATHON

2016 OCT 18 PM 1: 08

PERMIT NUMBER:

TMP2016-00302

Date(s) of Event:

November 6, 2016 from 7:00am until 1:00pm

Property Owner:

Applicant:

RSE MARKETING

Contact: JOHN MATHEWS

Description:

3 Race Competition thru Downtown Ft Myers and McGregor Corridor, North Fort

Myers and Palm Beach Blvd

Location of event:

ROW N CLEVELAND AVE/PONDELLA RD/N TAMIA NORTH FORT MYERS 33903

RIGHT-OF-WAY AREA AS INDICATED ON APPROVED SITE

MAP/***239-290-8100

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?

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

10-18-16



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

X	SPECIAL EVENT PERMIT	
É	USE OF COUNTY PROPERTY PERMIT	
	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COU	JNTY FACILITIES
_	FILM PERMIT	

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	FT. Myans MANATHON
Date(s) of Event / Production:	Sunday Nov. 6, 2016 7AM-18M
Location(s) of Event:	CENTENNIAL PARK (START-FINISL)
Name of Applicant:	JOHN MATHEWS - RSE MARKETING
Applicant Address:	9128 STRADA PLACE SUITE 10115 NAPLES 34108
Applicant Phone Number:	239-290-8100
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	Larry belmar 405 @ gmail.com
Estimated Attendance:	1,000 PARTICIPANTS - 1,000 PATRONS
Event Description: Include each activity, when activities take place, etc.	3 RACE Competition Thru Dowstown And Mi Gragen Conridon, N. FT. Myen And PALM BEALLY BLUD.
Hours of Operation:	4AM-7AM Satup 7AM-1PM RACES
STRAP # of Parcel:	
Owner of Premises*:	

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of the	premises? Cty And Coo	onty Struts (Bridger
Are any temporary structures to be inst	ralled for the event? Yes No	Type:
Do you have the appropriate permits fo	r the temporary structures?	☐ Yes ☐ No
indentified, including all parking areas.	nty Property' permit, submit a site plan w	
Insurance Company Insuring the Events	MAYES INSURANCE	WEST PALM BLACH,
Note: Certificate of Insurance must be submitted	d at time of application	,
Surety Company Bonding this Event (Na	ame and Address):	:
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes ▼No	☐ Yes 💢 No	TYes TYNO
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:		
Type of Food being Served: Ou 17	SERVING BANANA'S, G	BAGELS HEALTH BARS QT
Section II - USE OF COUNTY P		
Organization Sponsoring the Event:		
	Solicitation in the County Rights-of-Way	*
Name of Charity:		
Address of Charity:	•	
Phone Number:		
Non-profit certificate/registration numl	per:	
(Proof of registration with the Dept. of Agriculture & (onsumer Services §496.405 or proof the organization is	s exempt from this requirement, §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES PE	ERMIT
Is alcohol being sold/consumed on Coun if Yes, then a "Lee County Alcohol Permit" is required.	ity Property? Only non-profit organizations can sell alcohol on County	☐ Yes ☐ No Property.
Non-profit certificate/registration numb Required if alcohol is to be <u>SOLD</u> at the event)		
	livision of Alcoholic Beverages and Tobacco may al	iso be required; please call (239) 344-0885 for

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

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

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

Witness

Print Name of Applicant and Title

Print Name of Witness

8/29/16

Date



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

Check the approprio	ite box(es) belo	ow:	
Karina C	JNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	Parking in autho	orized parking areas only.	
Deputies (How Many?):	•	45-1300hrs 2 Sgt's Deputies 0645-1300hrs	
Fee for Services:	-)		
Special Arrangements:	`		*
	Print Name: Signature:	Capt. Scott Lucia	
• es	Title: Date:	Detail Unit Commander 5 October 2016	





State of Florida County of Lee

Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

The current detail rates are:				
Security	\$40/hr		Traffic	\$50/hr
Funeral Escort	\$40/hr		Security Supervisor	\$50/hr
Escort	\$40/hr		Traffic Supervisor	\$60/hr
Boat	\$40/hr		Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr		Prisoner Transport	\$60/hr

Details are charged a \$15 <u>per deputy</u> vehicle rate. All boat details are charged a \$20 per hour boat rate.

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed <u>unarmed</u> security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

	LEE COUNTY	SHERIFF'S	OFFICE USE ONLY	
Total Deputy(s)	Total Hours	6.25 each	Rate per Hour\$60/\$50	Vehicle Rate
Total Cost for Detail	\$9,622.50			
Vender Signature		Date	>	-



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

LCSO Details Main Phone Number: 239-477-1199				
Vendor Information				
Business Name: Eident Racing				
Street: 1016 Collier Center Way #104				
City: Naples State: FL Zip Code: 34110				
City: State: 12 Zip Code: 9/11_/16_1838				
Business Contact: Larry Baldwin Phone: 941-416-1838				
Email Address: larry@eidentracing.com				
Event Information .				
Detail Location: Start: Pinchers Marina End: Centennial Park				
Street: Caloosahatchee Bridge/NB N Cleveland Ave/Pondella Rd/N Tamiami Tr/Edison Bridge				
City: North Fort Myers State: FL Zip Code:				
Contact During Event: Larry Baldwin Phone: 941-416-1838				
Event Date: 11/6/16 Event Time: 0645-1300				
Anticipated Crowd Size: 2500 Anticipated Crowd Size: 2500 Type of Event: 5K/Half Mar/Full Mar				
Additional Security Working Detail: Yes No If Yes, how many?				
Permits Attached: Yes No Alcohol Served: Yes No				
Detail Information				
Security Traffic Prisoner Transport				
Escort Holiday Funeral Escort				
Last Minute Stand-by				
Marked Vehicle Yes No Unmarked Vehicle Yes No				
Uniformed Deputy Yes No Plain Clothes Deputy Yes No				
Detail Description: Traffic control and presence during Fort Myers Marathon. Course has been finalized and no additional changes				
are permitted to the Lee County Sheriff's Office portion of the route.				
\$60/hr Traffic Supervisor x 6.25hrs + 15 Veh fee = \$390 x 2 Supervisors=\$780 \$50/hr Traffic Deputy x 6.25hrs +15 Veh fee = \$327.50 x 27 Deputies = \$8,842.50				
Total for Detail \$9,622.50 to be paid at least one week prior to the date of the event.				





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 appropri SPECIAL EV USE OF CO	NT PERMIT NTY PROPERTY PERMIT	
	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OF THE PROPERTY OF THE P	NC
Fire Guards (How Many?)	NIA	acalement
Fee for Services:	N/A	acatemic .
Flammable Vegetation:	10/14	
First Aid Equipment:	10/4	esection.
Fire Extinguishing:	NIA	mater
Special Arrangements:	NIA	
	Print Name: John Meredith Signature: Och Meredith Title: Assistant Chief Date: 10-11-16	



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

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

•				
AFTER REVIEWING THE WILL REQUIRE THE APPL			WHAT ARRANGEMENTS	YOUR ORGANIZATIOI
Treatment Facilities:	None necessary.			
Medical Personnel:		ulance at the Start/Finish lir teardown. Total time is eig	ne. Six hours for the event, plus ht hours.	one hour before and one
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	itions necessary.		
Fee for Services			this event. ANCE, OR WE RESERVE THE RIGH	HT TO RECALL OUR
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To	o arrange special event coverag	e, contact our office at
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2016.09.01 20:47:26 -04'00'	-
	Title:	Chief		-
	Date:	09/01/2016		-



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

Check the appropri	ate box(es) be	elow:
Annual Control of the	OUNTY PROPERTY SELL AND CONS	Y PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking o	on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established	d means of ingress and egress.
Special Arrangements:	submitted for Pond	orcement for assistance with traffic control, and follow Maintenance of Traffic Plans indella Road lanes closures between US 41 and Business 41. FDOT Index 600 Series shall MOT details not specifically described in the MOT Plans. Coordinate all MOT and traffenforcement.
	Drint Nove o	December 1
	Print Name:	
	Signature:	Bryan D. Miller Date: 2016.10.12 07:54:20 -04'00'
	Title:	Senior Project Manager
÷	Date:	October 12, 2016



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

	Check the appropri	iate box(es) be	low:	
	11	VENT PERMIT		
-		OUNTY PROPERTY O SELL AND CONS	/ PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE CO	DUNTY FACILITIES
	FILM PERM	AIT		
			PLEASE INDICATE BELOW WHAT ARRANGEM PLY WITH FOR THEIR EVENT.	ENTS YOUR ORGANIZATION
	Illumination:	Apraxia "Walk-Nov opens at 645pm	5th, 2016-Organizer to provide own lighting if settin	g up prior to daybreak. Park gate
		<u></u>	· · · · · · · · · · · · · · · · · · ·	
	Parking Areas:	area. Organizer ma After drop off vehi office Manager Kar	ise designated parking areas in the parking lots. No vay drop off supplies via the service road between the cles must park in the parking lot. For overflow parking lot are Edwards @239-277-1515. You must obtain authouse Rd between rec center and chiller. Must have clesses.	rec center and the chiller area. ng contact Select Real Estate rization to use their parking lots.
	Special Arrangements:	Organizer to order at organizer's expe	open 7:00 am -9:00 pm daily.	els or sand bags. order extra porto Johns if needed.
			ms open Sat & Sun 9:00 am -5:00 pm	
		Contact person Irm	na Reyes, Supervisor 239-229-2063 or office number 2	39-498-0415 Office
		Print Name:	Alise Flanck	Irma Reyes, Supervisor 239-498-0415-229-2063
	ş	Signature:	Mye Reach	
	•	Title:	Depty Director	
		Date:	9 16 16	
	Eleno			•
	Efero NOV. 5, 20	16	Page 10	
			d .	



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

Check the appropria	te box(es) below:
PERMIT TO S	NTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Γ .
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 16, 2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/12/2016

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 CONTACT NAME: Brigitt Whitescarver For Service Call: PHONE IAIC. No. Extj: 503-977-5648 E-MAIL ADDRESS: events@galescreek.com FAX (A/C, No): 503-977-5848 Gales Creek Insurance Services a division of JD Fulwiler 5727 SW Macadam Ave INSURER(S) AFFORDING COVERAGE Portland, OR, 97239 INSURER A: United States Fire Insurance Company INSURED INSURER B : RSE Marketing, Inc. 9128 Strada Place #10115 INSURER C INSURER D : Naples, FL 34108 INSURER E INSURER F : CERTIFICATE NUMBER: USP213650 COVERAGES 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, ADOL SUBR TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE 1,000,000.00 A DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY 300,000.00 x CLAIMS-MADE X OCCUR MED EXP (Any one person) 5,000-06/042016 03/06/2017 SRPGAP-101-0715 PERSONAL & ADV INJURY 1,000,000.00 3,000,000.00 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 3,000,000.00 X POLICY PRO-JECT COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000.00 ANY AUTO ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED 06/04/2016 03/06/2017 A SRPGAP-101-0715 BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) X HIRED AUTOS 3 UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/E OFFICE/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA (Mandatory in NH)
if yes, describe under E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) THE CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED DURING THE POLICY PERIOD. 09/16/16 CANCELLATION CERTIFICATE HOLDER 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 Board of Commissioners Po Box 398 Fort Myers, FL 33902 AUTHORIZED REPRESENTATIVE Pringitt / Whitwocans

© 1988-2010 ACORD CORPORATION. All rights reserved.

Brigitt Whitescarver

