

# **EVENT PERMIT**



Ordinance 14-15

CORNEY ADMINISTRATES

# THE SUPER RUN2016 DEC -6 PM 12: 25

**PERMIT NUMBER:** 

TMP2016-00314

Date(s) of Event:

December 17, 2016 from 9:00am until 11:00am

**Property Owner:** 

LEE COUNTY

Applicant:

JASMIN WALKER

Contact: JASMIN WALKER

Description:

Superhero themed fun run

Location of event:

9200 CORKSCREW PALMS BLVD ESTERO 33928 ESTERO COMMUNITY PARK/\*\*\*856-777-8737

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

County Manager Da



# **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

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Title of Event / Name of Production	The Super Run
Date(s) of Event / Production:	12/17/16
Location(s) of Event:	Estero Community Park 9200 Corkscrew Palms Blvd. Estero, FL 33928
Name of Applicant:	Jasmin Walker
Applicant Address:	34029 Schoolcraft Rd Livonia, MI 48150
Applicant Phone Number:	856-777-8737
Contact Person: (If different from applicant)	Michelle Kinville or Jasmin Walker
Contact Phone Number: (If different from applicant)	same
Email Address:	Locations@superflyrunning.com
stimated Attendance:	300
vent Description: nclude each activity, when ctivities take place, etc.	6:30 am Staff, vendors, volunteers, charity partners arrive to park and set up (bounce house set up) 7:30 am DJ arrives and sets up 8:00 am Registration and packet pick up 9:00 - 11:00 am Race time 11:00 begin tear down and clean up
lours of Operation:	9:00 am - 11:00 am
TRAP # of Parcel:	344025E40100C017A
wner of Premises*:	LEE COUNTY

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



# Fill out the following questions for allpermit types:

What is the Zoning	Classification of the	premises?		s	
Are any temporary	structures to be insta	alled for the event?	Yes No	Type: 10 x 10 tent	in park
	propriate permits for			***	No
* For a 'Special Eve	ent' and 'Use of Count ng all parking areas.			1	
Insurance Company	y Insuring the Event:	VTC Insurance Gro	рир		
Note: Certificate of Insi	urance must be submitted	at time of application			
Surety Company Bo	onding this Event (Na	me and Address):			
	sed as Part of This ent?	Will Food be Avail	able at this Event?	Will Alcoholic served/consume	
[ Yes	<b>⊠</b> No	Yes	┌∵ No	Yes	<b>⊠</b> No
If yes, automobile included on the cert	coverage must be ificate of insurance.	If yes, products liabili included on the cert	ty coverage must be ificate of insurance.	If yes, liquor liability included on the certi	coverage must be ificate of insurance.
Name & Address of Providing Food:	Organization uns	sure at this time			
Type of Food being  Section II - USE	Served: bananas/ora	operty permi			
Organization Spons	Sup oring the Event:	erFly Running and	SuperFly Childrens F	oundation	
Fill out this portion	for applications for S	olicitation in the Co	ounty Rights-of-Way	•	
	merican Assoc for Ca				Cure Search for (
	34029 SchoolCraft R				
Phone Number: 856	3-777-8737				
Non-profit certificat	e/registration numbe	r: 81-3402666			
	ne Dept. of Agriculture & Cor		or proof the organization is	exempt from this requirem	nent §316 2045)
	E/CONSUMPTIO				
Is alcohol being sold/ If Yes, then a "Lee County Alc	consumed on County	Property? ly non-profit organizations	can sell alcohol on County P	「Yes <b>☆</b> N	lo
Non-profit certificate (Required if alcohol is to be <u>S</u>	registration number	:			-
Please note: A permit from further details	m the State of Florida Divi	sion of Alcoholic Bevera	ges and Tobacco may als	o be required; please cal	(239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):		
E TV Movie on Com 1	Series / Pilot	TV Commercial
	ustrial / Documentary	TV Commercial Still Photos  Other:
Will any of the following be needed or inclu Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics		「Yes 「No 「Yes 「No 「Yes 「No
Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehic Helicopters, Boats, etc. Stunts Other * For any marked Yes, provide further deta		T Yes
Special Parking Requirements:		
City or County Services Required: (Personn	el, equipment, facilities	etc.)
The following information is required for loc the industry. If exact figures are not availab	cal and state records on le, please estimate as cl	production in Florida to track the economic impact of osely as possible.
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	

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# Applicant Agreement - Signature Required



#### SECTION 1 - 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 permises 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
Jasmin Walker, Special Events Print Name of Applicant and Title Courdinator	Print Name of Witness
	Date



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

Check the appropria	ate box(es) below:
IX USEOFCOI	ENT PERMIT  JNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  IT
	•
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION JOANT 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
	Sgnature: Capt. Scott K. Lucia
	Title: Special Events, Permits and Details
	Date: 5 December 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.

Check the appropriate box(es) below:

| X | SPECIAL EVENT PERMIT

USE OF CO	DUNTY PROPERTY PERMIT
FILM PERM	ИІТ
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO ICANT TO COMPLY WITH FOR THEIR EVENT.
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: Lt. Prevention  Date: 10/26/2016

Page | 7



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

Check the appropri	ate box(es) belo	w:		
SPECIAL EV	'ENT PERMIT			
☑ USE OF CO	UNTY PROPERTY P	ERMIT		
FILM PERM	1IT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			/ WHAT ARRANGEMENTS \	YOUR ORGANIZATION
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	utions 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
wh	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2016.12.01 12:47:11 -05'00'	
	Title:	Chief		
	Date:	12/01/2016		



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

Check the appropri	ate box(es) bel	low:
SPECIAL EV	ENT PERMIT	
□ USE OF CO	UNTY PROPERTY	Y PERMIT
45		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		
J)		
		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.
i armigi		5,
1.5		
Ingress and Egress:	Use all established	d means of ingress and egress.
Special Arrangements:	Use Lee County Sh	neriff's Office for assistance with traffic control as needed.
	***************************************	
~		
	Print Name:	Bryan Miller
	Signature:	Bryan D. Miller  Date: 2016.10.27 13:55:01 -04'00'
	Title:	Senior Project Manager
	Date:	October 27, 2016



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

Check the appropri	ate box(es) belo	ow:
☑ USE OF CO		PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	The organizer is	s to provide own lighting.
Parking Areas:	green lawn area. Center and the ch parking, contact S	use designated parking are in parking lots. No vehicles on the central Organizers may drop off supplies via the service road between the Rec. niller area. After, drop off vehicles must park in parking lots. For overflow Select Real Estate Office Manager, Karen Edwards @239-277-1515. Mus on to use their parking lots. No blocking of service roads.
Special Arrangements:	to order dumpster Outdoor restrooms Park gates open a Rec. Center restro	s or any inflatable devices. Must use water barrels or sand bags. Organizer if food vendors on site and port-o-johns if need at organizers expense. It is some open 7 am to 9 pm at 5:30 am. It is some open Sat. and Sun. 9 am to 5 pm It is at 239-229-0634 or Rec. Center office at 239-498-0415 for questions.
	Print Name:  Signature:  Title:  Date:	Jesse Lavender June Tenh Acting Deputy Director 12/3/16



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

Check the appropria	te box(es) be	low:	
SPECIAL EVE	NT PERMIT		
⋉ USE OF COU	NTY PROPERTY	PERMIT	
PERMIT TO S	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERMI	Т		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	S YOUR ORGANIZATIOI
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million otect against bodily injury and/or property damage relative event within Lee County.	Dollars (\$1,000,000) per e to applicants use of
			≠
	In the second se		
Special Arrangements:		nsurance shall be submitted as evidence of the required co Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the c	
	Subject to proof	of insurance.	
		14.1	
	Print Name:	Mike Figueroa	
	Signature:		
	Title:	Risk Program Manager	-
	Date:	December 2, 2016	



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2016

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 House Account		*
VTC Insurance Group				PHONE (A/C, No, Ext); (248) 471-0970	FAX (A/C, No): (24	8) 471-0641
Farmington Hills Offi	ce			E-MAIL ADDRESS:		
37000 Grand River Ave	. St	e 150		INSURER(S) AFFORDING COVERAGE		NAIC#
Farmington Hills	MI	48335		INSURER A: Westfield Insurance Co.		24112
INSURED		A	5.00	INSURER B:	H.	
Superfly Running Co				INSURER C :		
34029 Schoolcraft				INSURER D:		
				INSURER E :		
Livonia	MI	48150-1313		INSURER F:		
COVERAGES		CERTIFICATE NUMBER: rev	16/17	REVISION NU	JMBER:	

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.

NSR LTR	TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		- DANK MA -		146.00.00	EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED
		x	CWP1638627	8/19/2016	8/19/2017	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,00
	X POLICY X PRO- OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,00
	AUTOMOBILE LIABILITY  X ANY AUTO					COMBINED SINGLE LIMIT \$ 1,000,00  BODILY INJURY (Per person) \$
A	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED		CWP4537040	8/19/2016	8/19/2017	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS AUTOS			¥		PIP-Basic \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE \$ 1,000,00  AGGREGATE \$ 1,000,00
	DED RETENTION\$		CWP1638627	8/19/2016	8/19/2017	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N					PER STATUTE ER  E.L. EACH ACCIDENT \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A				E,L, DISEASE - EA EMPLOYEE \$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT   \$
			-			

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

Event: The Super Run on 12/17/16

Where required by written contract, Lee County Board of County Commissioners is additional insured on the General Liability policy with respect to liability arising out of ongoing and completed operations performed by the named insured. Insurer will endeavor to mail 30 days written notice of cancellation to the certificate holder; however, failure to do so will impose no liability of any kind upon the insurer or its agents or representatives.

CERTIFICATE HOLDE	CE	RTI	FICA	TEI	HOL	DER
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dlyons@leegov.com

Lee County Board of County Commissioners P O Box 398 Fort Myers, FL 33902

de MP

#### 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

Patrick Williams/CCS

fatied willham

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# 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:		4.2	, ,	
Other:				
	Print Name:			
	Signature:			
	Title:		7	
	Date:		~	
			-	



