

EVENT PERMIT

Ordinance 14-15

A BREATH OF HOPE LUNG RUN/WALK

PERMIT NUMBER: TMP2016-00354**Date(s) of Event:** February 25, 2017 from 8:00am until 11:00am**Property Owner:** LEE COUNTY**Applicant:** A BREATH OF HOPE LUNG FOUNDATI **Contact:** MOLLY FLAIG**Description:** 5K Run or Walk, Oncology Update, Remembrance Ceremony, Runner and Fundraising Prizes**Location of event:** 7330 GLADIOLUS DR FORT MYERS 33908
LAKES REGIONAL PARK/**952-807-6511

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 12-20-16

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP2010-00354

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	A Breath of Hope Lung Run/Walk Fort Myers
Date(s) of Event / Production:	2/25/17
Location(s) of Event:	Lakes Regional Park Shelters A1 & D1 & parking 10+
Name of Applicant:	A Breath of Hope Lung Foundation
Applicant Address:	PO Box 387, Wayzata, MN 55391
Applicant Phone Number:	952-405-9201
Contact Person: (If different from applicant)	Molly Fraig
Contact Phone Number: (If different from applicant)	952-807-0511
Email Address:	molly@abreathofhope.org
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	5K run or walk, Oncology update, Remembrance ceremony, runner and fundraising prizes
Hours of Operation:	8 am. - 11 a.m. (open to public), 2-3 hours of set up, 1 hour ^{takedown}
STRAP # of Parcel:	20452400000080000
Owner of Premises*:	LEE 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?

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

We will

* 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:

Bremer

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?

☐ Yes

☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes

☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes

☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

A Breath of Hope Lung Foundation

Type of Food being Served:

Donated granola bars + other store bought items

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event:

A Breath of Hope Lung Foundation

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

Name of Charity:

A Breath of Hope Lung Foundation

Address of Charity:

PO Box 387, Wayzata, MN 55391

Phone Number:

952-405-9201

Non-profit certificate/registration number:

30-0475578

(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)

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]

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Hotel room nights: _____ Number of shooting days: _____
 $\frac{\text{number of rooms} \times \text{number of nights}}{\text{number of shooting days}}$



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.



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.

Nancy Torrison
Signature of Applicant

Molly Fraig
Witness

Nancy Torrison, Executive Director
Print Name of Applicant and Title
11/21/2016 - today's date
2/25/2017 Event
Date

Molly Fraig
Print Name of Witness
11/21/16
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: 28 November 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.*

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Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

N/A

First Aid Equipment:

Call 911 if needed

Fire Extinguishing:

N/A

Special Arrangements:

Contact Division Chief Rogers if coverage is requested. 239-433-0080

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
Date: 2016.11.28 08:13:35 -05'00'

Title: Fire Marshal

Date: Nov 28, 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:

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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.

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: 2016.11.23 13:49:51 -05'00'

Title: Chief

Date: 11/23/2016

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:

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 LCSO or FHP for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: **Bryan D. Miller**

Digitally signed by Bryan D. Miller
Date: 2016.12.06 13:53:03 -05'00'

Title: Senior Project Manager

Date: December 6, 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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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:

NONE, EVENT IS FROM 8AM - 11AM.

Parking Areas:

PARKING IS LIMITED TO THE DESIGNATED PARKING AREAS INSIDE LAKES REGIONAL PARK. ALL VEHICLES ARE REQUIRED TO DISPLAY A PARKING PASS, \$1 PER HOUR OR \$5 PER DAY, FROM PARKING MACHINES. EVENT ORGANIZER MAY PURCHASE PREPAID PASSES FROM THE PARK OFFICE, \$5 PER PASS, MINIMUM OF 30 PASSES REQUIRED.

Special Arrangements:

EVENT ORGANIZER IS RESPONSIBLE FOR SET UP AND TAKE DOWN OF ROUTE SIGNAGE AND AID STATIONS. ALL TRASH AND SIGNAGE MUST BE PICKED UP PRIOR TO CHECK OUT. REMOVEABLE DIRECTIONAL SIGNS ARE ALLOWED, NO PAINTING OR TEMPORARY MARKING OF RACE ROUTE PATHWAYS ALLOWED.

Print Name: Jesse Lavender

Signature: Jesse Lavender

Digitally signed by Jesse Lavender
Date: 2016.11.28 12:15:07 -05'00'

Title: Acting Deputy Director

Date: 11/28/2016

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: December 19, 2016



CERTIFICATE OF LIABILITY INSURANCE

ABREATH-01

DMSUESS

DATE (MM/DD/YYYY)

12/19/2016

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 Bremer Insurance Agencies, Inc. 633 South Concord Street - Suite 225 PO Box 188 South Saint Paul, MN 55075	CONTACT NAME: PHONE (A/C, No, Ext): (651) 552-2424 FAX (A/C, No): (651) 450-5158 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Insurance (ANI) NAIC # 10023 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED A Breath of Hope Lung Foundation 700 12 Oaks Center Drive, #204 Wayzata, MN 55391	

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		2016-43081	03/27/2016	03/27/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is additional insured ATIMA with respects to General Liability.

MF OK 12/19/2016

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of County Commissioners
PO BOX 398
Fort Myers, FL 33902

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

Jon Hansen

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A Breath of Hope Lung Run/Walk Fort Myers
Site Map

