

EVENT PERMIT



Ordinance 14-15

STORYCORPS IN FORT MYERS

PERMIT NUMBER:

TMP2016-00377

Date(s) of Event:

January 3, 2017 thru February 5, 2017 from 10:30am until 6:30pm

Property Owner:

CITY OF FORT MYERS

Applicant:

STORYCORPS MOBILE TOUR

Contact: JORDAN BULLARD

Description:

StoryCorps' mobile recording booth, an Airstream trailer, used to record the stories of the people of Fort Myers; Stories will then be archived in the Library of Coungress

in Washington, DC. A selection of stories may be aired locally by WGCU.

Location of event:

1651 LEE ST FORT MYERS 33901

FORT MYERS REGIONAL LIBRARY/***646-723-7020 ext 208

Will the event be attended by 1000 or more people?

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

12-16-16



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

mp2016-00317



Event Application

Check the appropriate	e box(es) below:
SPECIAL EVEN	IT PERMIT
USE OF COUN	NTY PROPERTY PERMIT
PERMIT TO SE	ELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	
L TIEIVIT EIMVIII	
Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	StoryCorps in Fort Myers
Date(s) of Event / Production:	January 3, 2017 to February 5, 2017
Location(s) of Event:	Fort Myers Regional Library
Name of Applicant:	Jordan Bullard - Associate Director, StoryCorps' Mobile Tour
Applicant Address:	80 Hanson Place
Applicantination	2nd Floor Brooklyn, NY 11217
	Dioonyii, iti 11217
Applicant Phone Number:	646-723-7020 x 208
Contact Person: (If different from applicant)	same as applicant
Contact Phone Number: (If different from applicant)	same as applicant
Email Address:	jbullard@storycorps.org
Estimated Attendance:	14 people per day during the time period mentioned above - approx. 300 in total
Event Description: Include each activity, when activities take place, etc.	StoryCorps' mobile recording booth, an Airstream trailer, will be located at the Fort Myers Regional Library during the above dates to record the stories of the people of Fort Myers. Stories will then be archived in the Library of Congress in Washington, DC. A selection of stories may be aired locally by WGCU.
Hours of Operation:	1030am to 630pm
STRAP # of Parcel:	13442P4004090020/134424P4004090010
Owner of Premises*:	

^{*}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 p	oremises? PUD	
Are any temporary structures to be insta		Туре:
Do you have the appropriate permits for		Yes No
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.	ry Property' permit, submit a site plan wi	th all proposed facilities and activit
Insurance Company Insuring the Event:	Risk Strategies Company	
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	me 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 Even
┌ Yes	┌ Yes No	┌ Yes No
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 n/	a	
Type of Food being Served: n/a	and the late of th	1979-1984 - 1979-1984 AN ANNO 1299-1994 (1971-1981-1981-1981-1981-1981-1981-1981-
Section II - USE OF COUNTY P	ROPERTY PERMIT	A STANKE (A STANKE) CONTRACTOR CONTRACTOR AND
		thinking to the deposit of the Marie William Conservation of the second of the second section of the second sec
Organization Sponsoring the Event: St	oryCorps, INC & WGCO Public Media	
Fill out this portion for applications fo	r Solicitation in the County Rights-of-Wo	ay:
Name of Charity: StoryCorps, INC		
Address of Charity: 80 Hanson Place, Se	econd Floor, Brooklyn, NY 11217	
Phone Number: 646-723-7020		
Non-profit certificate/registration nur	mber: 13-3753011	
(Proof of registration with the Dept. of Agriculture &	Consumar Services 8496 405 or proof the organization	on is exempt from this requirement. §316.2045
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES	PERMIT
Is alcohol being sold/consumed on Co If Yes, then a "Lee County Alcohol Permit" is require-	unty Property? d. Only non-profit organizations can sell alcohol on Cou	Yes 🔀 No
Non-profit certificate/registration nur	mber: n/a	
Please note: A permit from the State of Florid further details	la Division of Alcoholic Beverages and Tobacco ma	ay also be required; please call (239) 344-0



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT Type of Production (choose all that apply): Still Photos TV Commercial TV Series / Pilot TV Movie or Special Public Service Announcement Industrial / Documentary Other: Will any of the following be needed or included*? No Yes Street Closure ┌ No Yes Traffic / Crowd Control ┌ Yes ┌ No Fire or Burning Yes ┌ No **Explosives or Pyrotechnics** No Yes Animals, Large or Small Yes ☐ No Construction of Any Kind Yes ☐ No Large and/or Numerous Vehicles ☐ No Yes Helicopters, Boats, etc. Yes ☐ No Stunts ☐ No T Yes Other * For any marked Yes, provide further details below: **Special Parking Requirements:** City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. अध्यक्षित्र स्थ Number of locals hired: Number in Crew: Number in Cast: Estimate amount spent in Lee County: Total budget: Number of shooting days: Hotel room nights:

number of rooms x number of nights

Applicant Agreement - Signature Required



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 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.

HONEST SALVES

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

Print Name of Applicant and Title Story Corps'

DECEMBER 15, 2016

Date

U

Print Name of Witness

December 15,2016

Date



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

Check the appropri	ate box(es) below:					
SPECIAL EV	ENT PERMIT					
∪SE OF COI	UNTY PROPERTY PERMIT					
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
FILM PERM	AT .					
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.					
Parking:	Parking in authorized areas only.					
	·					
Deputies (How Many?):	None. The library has two private security guards and an FMPD detail officer working during th					
	times of the event.					
	2.070 W _{1.1}					
Fee for Services:	None.					
	· ·					
Special Arrangements:	None.					
	,					
	Print Name: Capt. Scott Lucia					
	Signature: Capt. Scott K. Lucia					
	Title: Special Events, Permits and Details					
	Date: 15 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 appropri	iate box(es) bei	ow:
J SPECIAL EV	VENT PERMIT	
J X USE OF CC	UNTY PROPERTY	PERMIT
FILM PERN	MIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Fire Guards (How Many?)	No fire quards	will be required for this event.
Fee for Services:		
100 707 001 770037	no food vendors there are no inspection fees, however an inspection to verify adaquate setbacks from the building are met. Please contact our le an inspector consistant with the arrival of the trailer at 321-7350.	
Flammable Vegetation:		
	No flammable	vegitation observed.
First Aid Equipment:		
	N/A	
Fire Extinguishing:		
		A: 10B: C fire extinguisher with a current state tag inside the trailer
Special Arrangements:		
	The trailer sh for occupants	all be a minimum of 10 feet from the existing building allowing free egress for the including any ADA ramps. Trailer shall be positioned in the loading zone only.
	Print Name:	Crystal Naegeli-Dobson
	Signature:	Angeth Margel Bossen
	Title:	Senior fire inspector
	Date:	12/13/16



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

Check the appropri	ate box(es) belov	V:
┌─ SPECIAL EV	ENT PERMIT	
•	UNTY PROPERTY PI	ERMÍT
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
	,	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	tions necessary.
	ļ	
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Benjamin Abes
	Signature:	1/2
	Title:	Chlef
	Date:	12/9/16



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

Check the appropri	ate box(es) belo	w:		
SPECIAL EV	ENT PERMIT			
₩ USE OF CO	UNTY PROPERTY F	PERMIT	and a second of the	OF ITTE
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVER	AGES WITHIN LEE COUNTY FA	CILITIES
FILM PERM				
,			A DE ANGENAENTE VE	NID ODGANIZATION
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PL ICANT TO COMPL	EASE INDICATE BELOV Y WITH FOR THEIR EVE	V WHAT ARRANGEMENTS YO	
Parking:	Park in designated a	reas, and/or per posted pa	rking regulations.	: :
_		, f	•	; ;
		1.73		
Ingress and Egress:	Use all established	means of ingress and egres	s.	
				,
Special Arrangements:	None.			
		v.#11		
		HSACH MADARA		
	,	W. Feligist, J. Co.		
	Duint Namos	Propo Miller		
	Print Name:		Digitally signed by Bryan D. Miller	
	Signature:	Bryan D. Miller	Date: 2016.12.09 09:43:27 -05'00'	
	Title:	Senior Project Manager		
	Date:	December 9, 2016		



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

Check the appropria	te box(es) below:
FILM PERMIT	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES IT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	RECORDE TO THE POST OF THE POS
Parking Areas:	N/A
Special Arrangements:	N/H Event doesn't affect parks grenations or programs.
	Print Name: Alise Flanjack Signature: Alise Flanjack Title: Deputy Director Date: 12/9/16



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

Check the appropriat	e box(es) below:
SPECIAL EVER STATE ST	NTY PROPERTY PERMIT ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ANT 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.
	G LO KI MA
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 9, 2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2016

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.

A K SURDOCATION IS WAIVED subject to

fhe	PORTANT: If the certificate holder is terms and conditions of the policy, rtificate holder in lieu of such endors	certa	un po	TIONAL INSURED, the policies may require an en	olicy(id dorsen	es) must be nent. A state	endorsed. I ement on thi	if SUBROGATION IS WAIVED s certificate does not confer	rights to the
					CONTAC NAME;	I Lory Ya:	n.		
	k Strategies Company			F	PHONE (A/C. No.	212-2	97-1460	FAX (A/C, No):	
					E-MAIL	s; lyan@de	wittstern	com	
420	Lexington Avenue			i i	ADDICES			DING COVERAGE	NAIC#
New	York NY 101	70			INSURE	RA:Federa			20281
INSU					INSURE	RB:			+
Sto	rycorps, Inc. F/k/a Sound	Por	trai	.ts	INSURER C:				+
Pro	ductions, Inc.			1	INSURER D:				
80	Hanson Place				INSURE	₹E;			
Bro	oklyn NY 112				INSURE	RF:			
	OCD	rific	ATE	NUMBER: CL16122248	100		F	REVISION NUMBER:	HOV PERIOR
TH	/ERAGES CENTIFY THAT THE POLICIES IS IS TO CERTIFY THAT THE POLICIES OICATED. NOTWITHSTANDING ANY RE RITIFICATE MAY BE ISSUED OR MAY FE CLUSIONS AND CONDITIONS OF SUCH	OF I	NSUR EMEN	ANCE LISTED BELOW HAV IT, TERM OR CONDITION ('E BEEN OF ANY O BY	THE POLICIES	DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO ALL	WHICH THIS THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A.	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROLOC	X	WVD	79579841		11/6/2016	11/6/2017	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	1,000,000 1,000,000 10,000 1,000,000 2,000,000 Included
	OTHER:		 					COMBINED SINGLE LIMIT (Ea accident)	
İ	AUTOMOBILE LIABILITY			÷ 0				BODILY INJURY (Per person) \$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
Į	ALL OWNED SCHEDULED AUTOS NON-OWNED	ļ						PROPERTY DAMAGE (Per accident) \$	
1	HIRED AUTOS AUTOS							(Per accident) \$	
			<u> </u>				ļ	FACH OCCURRENCE \$	
	UMBRELLA LIAB OCCUR							E/10/1/05/07/	
	EXCESS LIAB CLAIMS-MADE					ļ		MOONLOTTILE	
}	DED RETENTION \$		<u> </u>				ļ	\$ OTH-	
	WORKERS COMPENSATION		1			1		PER OTH- STATUTE ER	
1	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA				}]	E.L. EACH ACCIDENT \$	
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	14.1	`l					E.L. DISEASE - EA EMPLOYEE \$	
1	If yes, describe under DESCRIPTION OF OPERATIONS below			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>		E.L. DISEASE - POLICY LIMIT \$	
				CONTRACTOR OF THE STATE OF THE					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES	(ACOR	D 101, Additional Remarks School	ule, may	be attached if mo	re space is requ	ereo; bect to general liabil	lity claims
l ca	rtificate holder is includ	ed.	as a	in additional insu	TOO T	out Omay	arm resp		•
ar	ising out of the negligenc	e o	f tr	le Named Insured's	oper	acrons.			
				ou Mizala	مال				
CE	RTIFICATE HOLDER				CAN	CELLATION	<u> </u>		
	Lee County Board of (Cou	nty		1 тн	F FXPIRATIO	ON DATE T	DESCRIBED POLICIES BE CANC HEREOF, NOTICE WILL BE LICY PROVISIONS.	ELLED BEFORE DELIVERED IN

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MB Church

AUTHORIZED REPRESENTATIVE

Michael Christian/LYY

2120 Main Street

Fort Myers, FL 33901



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500 APPLICABLE ((es) below:

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:			
	s i ka		
		Market to the conserver	
Other:			
	Print Name:		
	Signature:		
	Title:	Andrew Control of the	
	Date:		

StoryCorps at the Fort Myers Regional Library





Site Plan

StoryCorps' MobileBooth - an Airstream trailer retrofitted with a recording studio on the inside, will be located at the Fort Myers Regional Library from 1/3/17 to 2/5/17 to record the stories of the people of Fort Myers and Lee County. During that time the Airstream will be located at the Fort Myers Regional Library (see blue rectangle to the left). Dates/hours of operation are M, W, F, Sat, Sun from 1030am to 630pm. The library will provide StoryCorps with the following...

- Two dedicated 30 amp, 110 volt circuits to power the Airstream

 Throo dedicated parking spots in the red area shown
- Three dedicated parking spots in the red area shown on the left
- Access to restrooms in the library during the dates/hours mentioned above