

# **EVENT PERMIT**

Ordinance 14-15

# RELAY FOR LIFE



COUNTY ADMINISTRATION

2017 MAR -2 AM 8: 37

PERMIT NUMBER:

TMP2017-00016

Date(s) of Event:

March 25,2017 from 10:30am unitl 1:00pm

Property Owner:

LEE COUNTY

Applicant:

AMERICAN CANCER SOCIETY

Contact: TERRY INSCOE

Description:

Community based cancer fundraiser, teams form campsites around the track and

fund raise through bake sales, crafts and games

Location of event:

9100 WILLIAMS RD ESTERO 33928

ESTERO COMMUNITY PARK\*\*\*239-936-1113EXT 3861

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?

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** 

2010



# **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
	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	Relay For Life of Bonita Springs and Estero				
Date(s) of Event / Production:	March 25, 2017				
Location(s) of Event:	Estero Community Park				
Name of Applicant:	American Cancer Society				
Applicant Address:	4575 Via Royale Ste 110, Fort Myers, FL 33919				
Applicant Phone Number:	239-936-1113 ext 3861				
Contact Person: (If different from applicant)	Terry Inscoe				
Contact Phone Number: (If different from applicant)					
Email Address:	terry.inscoe@cancer.org				
Estimated Attendance:	1500				
Event Description: Include each activity, when activities take place, etc.	Relay For Life is a community based cancer fundraiser for the American Cancer Society. It brings together residents and businesses from Bonita Springs and Estero to celebrate survivors, remember loved ones lost to cancer, and fight back by fundraising for cancer research. At the event team form "campsites" arounf the track and funrdaise through bake sales, crafts and games. Throughout the event various activities and games take place to keep people engaged in the fun. Our Traditional activities will take place at 12pm. 8pm. and 10 pm.				
Hours of Operation:	10am - 1pm				
STRAP # of Parcel:	34-46-25-E4-0100C.0140				
Owner of Premises*:	Lee County Parks and Recreation				

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



# Fill out the following questions for all permit types:

What is the Zoning Classification of the	premises? park						
Are any temporary structures to be inst	alled for the event? 🔀 Yes 📘 No	Type: Tents/canopy's					
Do you have the appropriate permits for the temporary structures?							
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan w	rith all proposed facilities and activities					
Insurance Company Insuring the Event:	Wells Fargo Insurance Services USA, Inc						
Note: Certificate of Insurance must be submitte	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	∏ 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 Providing Food:		<u></u>					
Type of Food being Served:							
Section II - USE OF COUNTY PI	ROPERTY PERMIT						
Organization Sponsoring the Event: Am	erican Cancer Society						
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	y;					
Name of Charity: American cancer Socie	ty						
Address of Charity: 4575 Via Royale Ste 1	10, Fort Myers, FL 33919						
Phone Number: 239-936-1113							
Non-profit certificate/registration num	ber: 59-0657320						
	Consumer Services §496,405 or proof the organization						
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT					
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.	nty Property?	☐ Yes                  No γ Property.					
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	oer:						
Please note: A permit from the State of Florida I	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for					



pe of Produ	ction (choose all that	apply):					*		
] TV Movie	or Special	☐ TV Ser	ies / Pilot		TV Comme	rcial	☐ Still	Photos	
Public Serv	rice Announcement	🗍 Industr	ial / Documentary		Other:				
ill any of the	following be needed	l or included	<b>]*</b> ?						
	Street Closure	•			☐ Yes		No		
	Traffic / Crowd Contr	ol			, ☐ Yes		No :		
	Fire or Burning				☐ Yes		No		
	Explosives or Pyroted	hnics	· · · · .		☐ Yes		No		
	Animals, Large or Sm	all			☐ Yes		No		
#) 	Construction of Any I	Kind	and the second second		☐ Yes		No		
į	Large and/or Numero	ous Vehicles			☐ Yes		No		
of very service of the service of th	Helicopters, Boats, et	c.			☐ Yes		No		
i i	Stunts	·····			Yes	П	No		
i	Other				1				
For any ma	rked Yes, provide fur	ther details	below:		Yes		No		
For any ma		ther details	below:		] *				
		ther details	below:		] *				
	rked Yes, provide fur	ther details	below:		] *				
	rked Yes, provide fur	ther details	below:		] *				
pecial Parki	rked Yes, provide fur			iac at	Yes				
pecial Parki	rked Yes, provide fur			ies, et	Yes				
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pecial Parki City or Coun	rked Yes, provide furng Requirements:	(Personnel	, equipment, facilit	on pro	c.)	lorida	No	ne econom	nic impac
pecial Parki Lity or Coun he following ne industry.	rked Yes, provide fur  ng Requirements:  ty Services Required: g information is requ  If exact figures are r	(Personnel ired for loca not available	, equipment, facilit	on pro	c.)	lorida e.	No	-	nic impac
ipecial Parki City or Coun The following the industry.	rked Yes, provide fur  ng Requirements:  ty Services Required:  g information is requ  If exact figures are r	(Personnel ired for loca not available	, equipment, facilit I and state records , please estimate a	on pro	c.)  oduction in Fely as possibl	lorida e.	No to track th	-	nic impac
Special Parki City or Coun	rked Yes, provide fur  ng Requirements:  ty Services Required:  g information is requ  If exact figures are r	(Personnel ired for loca not available	, equipment, facilit l and state records , please estimate a Number in Crew:	on pros	c.)  oduction in Fely as possibl	lorida e.	No to track th	-	nic impac

#### 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.

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.

his/her knowledge.	
ON ANDE	Quhi A Harmon
Signature of Applicant	Witness
Terry Inscoe	Julie A. HARMON
Print Name of Applicant and Wangs VRFL	Print Name of Witness
1/12/17	1/12/17
Date	Date



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

Check the appropri	ate box(es) be	low:
Final	UNTY PROPERTY SELL AND CONS	PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	In authorized p	parking areas only.
Deputies (How Many?):		r traffic control at Corkscrew Rd. and entrance to venue for safety of tering and exiting park.
Fee for Services:		
Special Arrangements:		)
	Print Name:	Capt. Scott Lucia
	Signature:	Special Events, Permits and Details
	Date:	23 January 2017



#### 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 appropr	iate box(es) bel	ow:
X SPECIAL E	VENT PERMIT	
USE OF CO	OUNTY PROPERTY	PERMIT
FILM PERM	ΤIN	
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A	
Fee for Services:	N/A	
Flammable Vegetation:	N/A	?
First Aid Equipment:	Call 911 for	r Emergencies
Fire Extinguishing:	Call 911 for	r Emergencies
Special Arrangements:	No cooking permit is r	under tents, if tent is over 900 sq ft a required.
	Print Name:	Scott Danielson
	Signature:	South 1 bout
	Title:	Lt. Fire Prevention
	Date:	
	Date	1/17/2017



# 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 E\	ENT PERMIT			-
☑ USE OF CO	UNTY PROPERTY P	PERMIT		
☐ FILM PERN	11T			
AFTER REVIEWING THE WILL REQUIRE THE APPI			V WHAT ARRANGEMENTS NT.	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.	e event of an emergency. T	o arrange special event coverage	e, contact our office at
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.01.13 10:42:35 -05'00'	
	Title:	Chief		
	Date:	01/13/17		
	: - <del>- •</del>			



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

Check the appropri	iate box(es) bei	low:	
SPECIAL E      SPECIAL E	/ENT PERMIT		
☑ USE OF CO	OUNTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FA	ACILITIES
☐ FILM PERN	ИIT		
	•	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR WITH FOR THEIR EVENT.	DUR ORGANIZATION
Parking:	No event parking o	on Lee County maintained road rights-of-way.	
Ingress and Egress:	Use all established	means of ingress and egress.	
Special Arrangements:	Use Lee County Sho	eriff's Office for assistance with traffic control as needed.	
	Print Name:	Bryan Miller	
	Signature:	Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2017.01.18 13:55:16-05'00'	
	Title:	Senior Project Manager	
	Date:	January 18, 2017	
		·	

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

Check the appropriat	te box(es) be	low:
SPECIAL EVE	NT PERMIT	
USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Γ	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		nsurance shall be submitted as evidence of the required coverage listing Lee County
	Board of County additional insure	Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an ed.
	Subject to proof	of insurance
	,	or modification.
	Print Name:	Mike Figueroa
	Signature:	7
	Title:	Risk Program Manager
	Date:	February 9, 2017

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)---1/12/2017

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 cert If SUBROGATION IS WA this certificate does not	IVED, subject	t to t	he te	rms and conditions of the	he poli	cy, certain p	olicies may					
PRODUCER						CONTACT Jennifer Leifer						
Commercial Lines – (404) 92					PHONE (A/C, No, Ext): 404-923-3663 FAX (A/C, No): 877-362-9069							
Wells Fargo Insurance Services USA, Inc.						E-MAIL ADDRESS: jennifer.J.lefler@wellsfargo.com						
3475 Piedmont Road NE, Suite 800						INSURER(S) AFFORDING COVERAGE						
Atlanta, GA 30305-2886					INSURER A: Federal Insurance Company					20281		
INSURED					INSURER B:							
American Cancer Society, Inc.					INSURER C:							
250 Williams Street					INSURER D:							
					INSURER E ;							
Atlanta, GA 30303					INSURE	INSURER F:						
COVERAGES	CEF	TIFIC	CATE	NUMBER: 11324438				REVISION NUMBER: 8	see belo	w		
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 INSURA	NÇE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$			
A X COMMERCIAL GENERAL	A X COMMERCIAL GENERAL LIABILITY			35943463		09/01/2016	09/01/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	1,000,000		
OD MINO MINOE								MED EXP (Any one person)	\$	5,000		
	-							PERSONAL & ADV INJURY	S	1,000,000		
GEN'L AGGREGATE LIMIT API	PLIES PER			18				GENERAL AGGREGATE	s	25,000,000		
X POLICY PRO-								PRODUCTS - COMP/OP AGG	s	2,000,000		
OTHER:								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	, , , , , , , , , , , , , , , , , , , ,		
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO								BODILY INJURY (Per person)	\$			
OWNED SCHEDULED								BODILY INJURY (Per accident)	s			
HIRED	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
AUTOS CINET	AD TOS CINET							15 G) HOUNETTO	ş			
UMBRELLALIAB	OCCUR						·····	EACH OCCURRENCE	s			
EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$			
DED RETENTIONS							,		ş			
WORKERS COMPENSATION								PER OTH-				
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
								4				
							l					
DESCRIPTION OF OPERATIONS / LO												
Re: COIR00004615 Rela	y For Life of Bo	onita :	Spring	gs and Estero Estero	Comm	unity Park	March 25,	2017 (mm)		853		
Certificate holder is included as an additional insured in accordance with the terms and conditions of the general liability policy and only if required by written contract.												
de NE 109/17												
CERTIFICATE HOLDER CANCELLATION												
Lee County Board of County			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
3410 Palm Beach Boulevard					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Fort Myers, FL 33916						ACCORDANCE WITH THE POLICY PROVISIONS.						

AUTHORIZED REPRESENTATIVE

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

Check the appropria	te box(es) be	·low:				
FILM PERMI	TONLY					
AFTER REVIEWING THE AWILL REQUIRE THE APPLICATION				ANGEMENTS	S YOUR ORGA	NIZATION
Special Arrangements:						
Other:						
	Print Name:					
	Signature: Title: Date:					

