

EVENT PERMIT

Ordinance 14-15



COUNTY ADMINISTRATION

2017 APR 11 PM 12: 02

INSANE INFLATABLE 5K

PERMIT NUMBER:

TMP2017-00030

Date(s) of Event:

April 15, 2017 from 7:00am until 7:00pm

Property Owner:

LEE COUNTY

Applicant:

TAYLOR CRABBE

Contact: TAYLOR CRABBE

Description:

5K Obstacle Course Fun Run

Location of event:

11500 FENWAY SOUTH DR FORT MYERS 33913

JETBLUE PARK/***518-605-4809

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

Date



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

ot N USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Insane Inflatable 5K
	4/14/17 (set up) 4/15/17 (Event/Breakdown)
Location(s) of Event:	JetBlue Park
Name of Applicant:	Taylor Crabbe
Applicant Address:	240 Greenwich Ave. Greenwich, CT 06830
Applicant Phone Number:	(518) 605 - 4809
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	Taylor. Crabbe @ townsquaremedia.com
Estimated Attendance:	2,000
Event Description: Include each activity, when activities take place, etc.	5k obstacle course fun lun
Hours of Operation:	4/14(7a-7P) 4/15 (7a-7P)
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:

What is the Zoning C	Classification of the	premises?			
Are any temporary s	tructures to be inst	alled for the event?	▼Yes	Type: Intio	itables + Tents
Do you have the app	ropriate permits fo	r the temporary stru	ctures?	Yes	▼ No
* For a 'Special Even indentified, including	t' and 'Use of Coun gall parking areas.	ty Property' permit, :	submit a site plar	n with all propose	d facilities and activities
Insurance Company	Insuring the Event:	ASCANA IN	suranc	c Brokeri	age
Note: Certificate of Insur			0011 0011	O DI OPOI I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Surety Company Bor	nding this Event (Na	me and Address):	ownsqua	ru Media	-2040 Greenwi
Will Vehicles be Us Even		Will Food be Availa	able at this Event		cholic Beverages be ensumed at this Event?
Y Yes	No No	∏ Yes	T No	ΓYe	es 💢 No
If yes, automobile coincluded on the certification		If yes, products liabilii included on the certi			liability coverage must be he certificate of insurance.
Name & Address of (Providing Food:		ramark			
Type of Food being S	erved: Conce	ssion Fro	7		
		ROPERTY PERMI			
	OI COOMITITI	WE WELL			
Organization Sponso	oring the Event:	bwnsquar	1 Media		
Fill out this portion f				Nay:	
Name of Charity:					
Address of Charity:		·			
Phone Number:		·			
Non-profit certificate	e/registration numb	per:			
(Proof of registration with th	ne Dept. of Agriculture & C	onsumer Services §496.405	or proof the organizat	tion is exempt from this	requirement. §316.2045)
Section III - SAL	E/CONSUMPTI	ON OF ALCHOLI	C BEVERAGES	PERMIT	
Is alcohol being sold/ If Yes, then a "Lee County Alc			s can sell alcohol on Co	Yes vunty Property.	₩ No
Non-profit certificate (Required if alcohol is to be <u>S</u>		er:			
Please note: A permit fro	m the State of Florida D	vivision of Alcoholic Bever	rages and Tobacco m	ay also be required; p	olease call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply): TV Movie or Special Public Service Announcement Industrial / Documentary	TV Commercial Still Photos Other:
Will any of the following be needed or included*? Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts	TYes No Yes No
* For any marked Yes, provide further details below: Traffic control for Particip JETBILLS event parking — We will be using 8k for KI Special Parking Requirements: Parking tram will be locate	pant parking Provided by ifts for set up + break down
Parking fram will be locate will be \$10 Parking fet Collection of County Services Required: (Personnel, equipment, faction of the following information is required for local and state reconstitution of the industry. If exact figures are not available, please estimated	ords on production in Florida to track the economic impact of
Number in Cast: Total budget: Number in Crew Estimate amoun	: Number of locals hired: t spent in Lee County:
Hotel room nights: Number of shoom number of rooms x number of nights	ting days:

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.

Ta. 1- A-	
Signature of Applicant	Witness
Taylor Crabbe, Event Director Print Name of Applicant and Title	Print Name of Witness
124/117	
1 24 N 17	Date



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the	appropriate	box(es)	below:
-----------	-------------	---------	--------

SPECIAL EVENT PERMIT

FILM PERMIT

 ∇ USE OF COUNTY PROPERTY PERMIT

		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in auth	orized parking areas only.
Deputies (How Many?):		for traffic control at West Gate. 0-1430 for each deputy
Fee for Services:	\$50/hr per dep	outy + \$15 vehicle fee per deputy
Special Arrangements:		position at West Gate to provide traffic control for ingress/egress of ble 5K participants.
	Print Name:	Capt. Scott Lucia
	Signature:	Capt. Scott K. Lucia
	Title:	Special Events, Permits and Details
	Date:	30 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 appropri	iate box(es) bel	low:		
SPECIAL E	VENT PERMIT			
USE OF CO	OUNTY PROPERTY	PERMIT		
FILM PERM	ΛIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENTS	S YOUR ORGANIZATION
Fire Guards (How Many?)	1 Certified Crowd M	Manager		:
Fee for Services:	N/A			
Flammable Vegetation:	N/A			
First Aid Equipment:	Call 911 as needed			
Fire Extinguishing:	N/A			
Special Arrangements:	None			
• •	Print Name:	James Tanner		_
	Signature:	James Tanner	Digitally signed by James Tanner DN: cn-James Tanner, on-South Trail Fire District, pu=Fire Marshal, enal-injunce equotiteralifacog, c=US Date: 2017;24:10 14:2341-14/097	_
	Title:	Fire Marshal, South Trail F	ire District	_
	Date:	Apr 10, 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 EV	ENT PERMIT			
区 USE OF CO	UNTY PROPERTY P	ERMIT		
FILM PERM	IIT			
AFTER REVIEWING THE VILL REQUIRE THE APPL			WHAT ARRANGEMENTS `	YOUR ORGANIZATION
Treatment Facilities:	None necessary.			
Medical Personnel:	One bike team at \$80 One cart team at \$80			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	itions necessary.		
Fee for Services	As applicable to Med	lical Personnel section abov	/e.	
Special Arrangements:	EMS coverage is requ 533-3911.	uired for this event. To arra	nge special event coverage, con	itact our office at 239
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.01.26 19:58:19 -05'00'	
	Title:	Chief		
	Date:	01/26/2017		



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

Check the appropri	ate box(es) bei	low:		
Eastern .	UNTY PROPERTY SELL AND CONS		RAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI			W WHAT ARRANGEMENT ENT.	S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking on	Lee County maintained road ri	ghts-of-way.
Ingress and Egress:	Use all established	means of ingress and egre		
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance v	vith traffic control as needed.	
	Print Name: Signature:	Bryan Miller Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.01.27 09:11:28 -05'00'	_
	Title:	Senior Project Manager	Date. 2017.01.27 09.11.28 -03 00	- -
	Date:	January 27, 2017		_



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

Check the appropri	ate box(es) below:
	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
illumination:	N/A event will be held throughout the day.
Parking Areas:	Adequate staff must be provided to ensure event parking is in designated areas and that all roads and driveways remain open for emergency vehicles
Special Arrangements:	Event organizer must work with On-Site park staff for the set up and breakdown and daily event management to include but not limited to: additional dumpsters, additional portable toilets and wash stations, ensure event area is clean and free of debris at the conclusion of the event. All inflatables must be anchored and secured without damaging turf irrigatio and event organizer will be responsible for any damages and repairs to irrigation. If there severe weather or high wind advisory, the park staff has the right to shut the event down ensure visitor and participant safety.
	Print Name: JESSE LAVENDER Signature: June Jewah Title: Acting Deputy Director Date: 1/31/17



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

Check the appropriat	te box(es) below:
SPECIAL EVE	NT PERMIT
□ USE OF COU	NTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Γ
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
nsurance 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 Figueróa
	Signature:
	Title: Rísk Prøgram Manager
	Date:



TOWNMED-01

GGALLARDO

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

1/26/2017

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 License # 0C36861 James Mallon New York-Alliant Ins Svc Inc 320 West 57th St New York, NY 10019 FAX (AIC, No): ADDRESS: jmallon@alliant.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Everest National Insurance Company 10120 INSURED INSURER B: Townsquare Media, Inc. INSURER C: 240 Greenwich Avenue INSURER D : Greenwich, CT 06830 INSURER E : INSURER F: 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. ADDLISUER INSD WVD POLICY EFF | POLICY EXP (MM/DD/YYYY) | (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER HMITS A COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE DAMAGE TO RENTED
PREMISES (Es occurrence) CLAIMS-MADE X OCCUR SI8ML00871-161 12/23/2016 | 12/23/2017 1,000,000 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY PRO: X LOC 2,000,000 PRODUCTS - COMP/OP AGG X OTHER: Liquor - 1MM EMPLOYEE BENEFI 1,000,000 **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLALIAR OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE f yes, describe under 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) Certificate holder is included as additional insured in respects to general liability as required by written contract. Event Date: 4/14/2017 - 4/15/2017 OK ME 01/27/17 CERTIFICATE HOLDER 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. NEW ENGLAND SPORTS VENTURES, LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC; N.E.S.V. IV, LLC; LEE COUNTRY AUTHORIZED REPRESENTATIVE NESV FLORIDA REAL ESTATE, LLC, & LEE COUNTY BOARD 11500 Fenway South Drive Fort Myers, FL 33913

© 1988-2014 ACORD CORPORATION. All rights reserved.



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.

	gamento constituto de la constituto de l	The state of the s		
Special Arrangements:				
		V ·		
		ala Nasar		
		4.5		
Other:				
		•		
			 aman i - i	
	Print Name:			
	-			
	Signature:			
	Title:			
	Date:			
	-	" manus and a community of the community	 <u> </u>	

