

EVENT PERMIT



Ordinance 14-15

COUNTY ADMINISTRATION

ANNUAL MULLET TOSS CHAMPER QN 12: 54

PERMIT NUMBER:

TMP2017-00040

Date(s) of Event:

March 11, 2017 and March 12, 2017 from 11:00am-4:00pm

Property Owner:

LEE COUNTY

Applicant:

MATLACHA MARINERS

Contact: RICK WILLIAMS

Description:

ANNUAL MULLET TOSSING CHAMPIONSHIP// Fundraising Competition

Location of event:

4577 PINE ISLAND RD NW MATLACHA 33993

Matlacha Park, Pine Island Rd to Location

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?

Yes

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

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriat	re box(es) below:
SPECIAL EVE	NT PERMIT
USE OF COU	NTY PROPERTY PERMIT
PERMIT TO S	ELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	-
Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	AMOUNT MOLLET TOUS Championship
Date(s) of Event / Production:	MARCH 11 and 12 2017
Location(s) of Event:	Mast refractions assastaM
Name of Applicant:	MARACHA MARIAGRES INC. / RCK WALLAMS
Applicant Address:	1013 OLD BURN STORE R.D. COPL CORRY D. 33993
Applicant Phone Number:	239-848-5004
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	WIRIKO HORMAIL Com
Estimated Attendance:	350-400 per DAY
Event Description: Include each activity, when	mourat Tossing for distance
activities take place, etc.	HOD PROLIT LUNGTON
Hours of Operation:	102AM TO 4: pm Both DAVS
STRAP # of Parcel:	24442200000000000

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	premises?	*.
Are any temporary structures to be inst	alled for the event? Tyes No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	☐ Yes ☐ No
indentified, including all parking areas.	ity Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	Mount Verepop	22 Gasasal E en
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	Yes $\ \ \square$ 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.
Providing Food: Type of Food being Served: Section II - USE OF COUNTY Pl Organization Sponsoring the Event: Fill out this portion for applications for Name of Charity:		185 Ipc
Address of Charity:		
Phone Number:		
	ber: Consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the organization in the consumer Services §496.405 or proof the	
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	Yes No
Non-profit certificate/registration numl (Required if alcohol is to be <u>SOLD</u> at the event)	ber: 8<-801357466	96-5
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

pe of Product	ion (choose all tha	t app	ly):						
TV Movie or	Special	Ш	TV Series / F	Pilot	П	TV Comme	ercial [Still Photos	,
Public Service	ce Announcement	П	Industrial / D	ocumentary	П	Other:			
ll any of the f	following be neede	ed or i	ncluded*?					-	
St	treet Closure			••••		☐ Yes	┌ No		
T 1	raffic / Crowd Con	trol	, e., gyrmen er sammen samstermyt sem ge			┌ Yes	┌ No		
Fi	ire or Burning		aria de la composition della c	. In the second second second second		Yes	┌ No		
Ex	xplosives or Pyrote	chnic	:S			☐ Yes	☐ No		
A	nimals, Large or Sr	nall		, , , , , , , , , , , , , , , , , , ,		☐ Yes	☐ No		
C	onstruction of Any	Kind	rann andre Sde Son arrow (Son debute or con			☐ Yes	┌ No		
La	arge and/or Nume	rous \	/ehicles			☐ Yes	☐ No		
Н	elicopters, Boats,	etc.				[Yes	☐ No		
St	tunts					☐ Yes	□ No		
0	ther					Yes	□No		
	ked Yes, provide fu	urther	details belov	V:					
	ked Yes, provide fu	urther	details below	V:					
Special Parkin					ities, e	tc.)			
Special Parkin	g Requirements:				ities, e	tc.)			
Special Parkin City or County The following	g Requirements:	d: (Pe	ersonnel, equ for local and	ipment, facil	s on pr	oduction in		rack the eco	nomic impa
pecial Parkin City or Count The following he industry.	y Services Required	d: (Pe	ersonnel, equ for local and available, plea	ipment, facil	s on pr	oduction in ely as possil			nomic impa
Epecial Parkin City or County The following he industry. Number in Cas	y Services Required	d: (Pe	for local and available, plea	ipment, facil state record ase estimate	s on pr as clos	oduction in ely as possil Nur	ole.		nomic impa
Special Parkin City or County The following	y Services Required information is required to the services are services.	d: (Pe	for local and available, plea	ipment, facil state record ase estimate per in Crew:	s on pr as clos	oduction in ely as possil Nur	ole.		nomic impa

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

Signature of Applicant

Witness

Print Name of Applicant and Title

Print Name of Witness

21617



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

Check the appropri	ate box(es) bel	ow:
Salter	UNTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Parking in auth	orized parking areas only.
Deputies (How Many?):		ach day from 0930-1900for security and presence. uty may be added if traffic becomes an issue.
Fee for Services:	Security rate S	\$40/hr each deputy/per day
Special Arrangements:	None	
	Print Name: Signature: Title: Date:	Capt. Scott Lucia Capt. Scott K. Queia Special events, Permits and Details 10 February 2017

Mike Scott Office of the Sheriff

Holiday/Last Minute



State of Florida County of Lee

Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

The current detail	rates are:		
Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr

Details are charged a \$15 <u>per deputy</u> vehicle rate. All boat details are charged a \$20 per hour boat rate.

\$60/hr

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety.

Prisoner Transport

\$60/hr

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed <u>unarmed</u> security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

LEE COUNTY SHERIFF'S OFFICE USE ONLY						
Total Deputy(s)	Total Hours 9.5	Rate per Hour	Vehicle Rate Waived			
Total Cost for Detail						
Vender Signature	Date	2				



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

LCSO Details Main Phone Number: 239-477-1199					
F	or Information				
Business Name: Matlacha Mariners					
Street: PO BOX 21					
	State: FL Zip Code: 33993				
	Phone: 239-595-5004				
Email Address: w1rik@hotmail.com	·				
Fren	it Information				
	te mornanor				
Detail Location: Matlacha Park					
Street:					
City:	State: Zip Code:				
Contact During Event: Rick Williams	Phone: 239-595-5004				
Event Date: 3/11 & 3/12/17	Event Time: 0930-1900 each day				
Anticipated Crowd Size : 350-400	Type of Event: Mullet Toss				
Additional Security Working Detail: Yes					
Permits Attached: Yes No	Alcohol Served: Yes No				
Detail	1 Information				
Security Traffic	Prisoner Transport				
Escort Holiday	Funeral Escort				
Last Minute Stand-by					
Marked Vehicle Yes No	Unmarked Vehicle Yes No				
Uniformed Deputy Yes No	Plain Clothes Deputy Yes No				
Detail Description:					
Deputy for security and presence. Traffic control if	if needed.				
·					





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 approp	riate box(es) below:	
SPECIAL	EVENT PERMIT	
☑ USE OF C	OUNTY PROPERTY PERMIT	
☐ FILM PER		
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATI LICANT TO COMPLY WITH FOR THEIR EVENT.	10
Fire Guards (How Many?)	Ø	
Fee for Services:	January Control of the Control of th	
Flammable Vegetation:	S	
First Aid Equipment:	Ambolance & Firehouse is 3.46 miles from event	-
Fire Extinguishing:	Extinguisher are to be located next to each vender	
Special Arrangements:		
		A control of more resemble or services
	Print Name: Neil Kerr Signature: Na Ka	£
	Title: Acting Fire Inspector	
	Date: $\frac{2/32/17}{}$	



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

Check the appropriate box(es) below:	
SPECIAL EVENT PERMIT	
ISE OF COUNTY PROPERTY PERMIT	
FILM PERMIT	
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMEN WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.	TS YOUR ORGANIZATION
Treatment Facilities: None necessary.	
Medical Personnel: None necessary.	
Medical Supplies / None necessary. Equipment:	
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 cove 239 533-3911.	rage, contact our office at
Print Name: Benjamin Abes	
Signature: Benjamin Abes Digitally signed by Benjamin Abes Date: 2017.02.06 13:19:53 -05'00'	5
Title: Chief	
Date: 02/06/17	



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

Check the appropri	ate box(es) be	elow:	
SPECIAL EV	ENT PERMIT		
☑ USE OF CC	UNTY PROPÈRTI	Y PERMIT	
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERN	11T		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZA	1OIT <i>F</i>
Parking:	Park in designated is prohibited.	d areas. No event parking in Lee County maintained road rights-of-way where par	rking
Ingress and Egress:	Use all established	d means of ingress and egress.	
Special Arrangements:	Use Lee County Sh	heriff's Office for assistance with traffic control as needed	
	Print Name: Signature: Title: Date:	Bryan Miller Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2017.02.08 15:01:05 -05'00' Senior Project Manager February 8, 2017	



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

Check the appropri	ate box(es) l	below:	
☐ SPECIAL EV	VENT PERMIT DUNTY PROPER SELL AND CO	TY PERMIT	VERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP			LOW WHAT ARRANGEMENTS YOUR ORGANIZATION EVENT.
Illumination:	N/A Event will t	ake place during daylight h	ours.
Parking Areas:	Parking will be organizer. Ever	around the park as well as on the organizer must ensure pa	on the center field. Parking will be handled by the event arking does not block driveways, emergency access or egress
Special Arrangements:	on 3/13/17. Event. Alcohol the event. Even	ent organizer will provide po will be in a contained area o t organizer must provide ac	. Clean up from event must be completed no later than 12Pl ortable toilets, hand washing station and a dumpster for the of the park with signs posted. LCSO will also be on site durin dequate staff to handle trash and litter clean up after the wided by Lee County Parks and Recreation.
	Print Nam Signature: Title:	CALEDIE THEREE	JESSE LAVENDER June Jech Acting Depoty Director



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH 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	,			
<u> </u> ▼ PERMIT TO S	SELL AND CONS	UME ALCOHOLIC	BEVERAGES W	ITHIN LEE COUI	NTY FACILITIES	
FILM PERMI	Т					
AFTER REVIEWING THE AWAILL REQUIRE THE APPLIC				ARRANGEMEN	NTS YOUR ORGAN	IZATIO
nsurance Requirements:	occurrence to pr		injury and/or prop		on Dollars (\$1,000,000 tive to applicants use	
	(\$1,000,000) per	occurrence. Should	Host Liquor Liabil	ity coverage be af	n limits of One Millioi ford under the Comm ollars (\$2,000,000) ag	nercial
Special Arrangements:		Commissioners, P.O			coverage listing Lee (e certificate holder ar	
	Subject to proof	of insurance.		· · · · · · · · · · · · · · · · · · ·		w.,
	Print Name:	Mike Figueroa			#42	
	Signature:	7				
	Title:	Risk Program Mana	ger			
	Date:	February 9, 2017			· ·	



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

Check the approprio	ite box(es) bel	ow:				
☐ FILM PERM	IT ONLY					
AFTER REVIEWING THE . WILL REQUIRE THE APPLI	APPLICATION, P CANT TO COMP	LEASE INDICA LY WITH FOR	ATE BELOW V	WHAT ARRAN	IGEMENTS YO	UR ORGANIZATION
Special Arrangements:						
			Name of the second seco		a Samuela de la Samuela de	
Other:						
	Print Name:					
	Signature:					
	Title:					
	Date:					



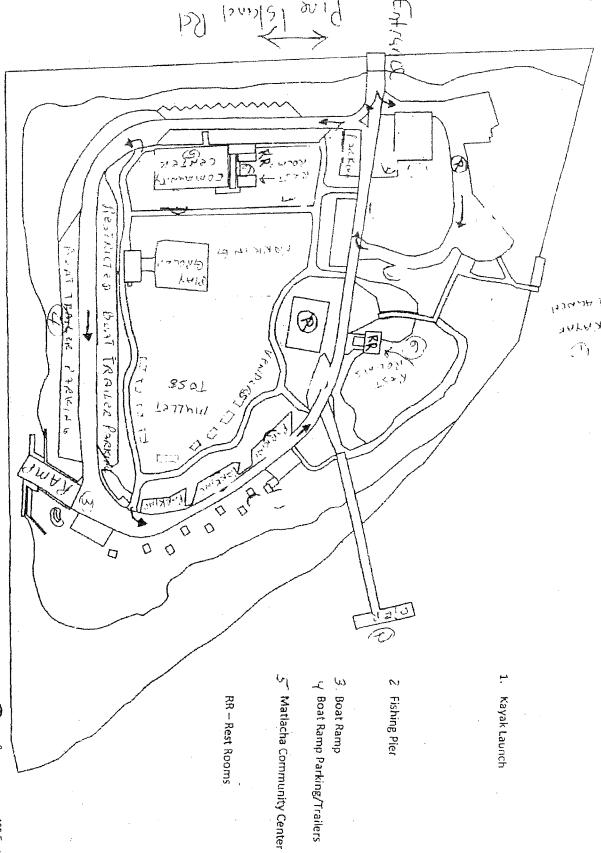
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/1/2017

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 certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy						tement on th	is certificate does not o	onfer	rights to the		
PRODUCER						CONTACT Dana						
Sutton & Associates Insurance Agency						NAME: PHONE (A/C, No, Ext): (239) 283-3333 FAX (A/C, No, Ext): (239) 283-3385						
551	.1 Pine Island Rd	_	•	-	E-MAIL ADDRE			1 1700, 1101.				
					Addito		URER(S) AFFOR	DING COVERAGE		NAIC#		
Во	eelia FL 33	22			INSURER A MOUNT VERNON FIRE INS. CO.					26522		
INSURED						INSURER B:						
Ma t	lacha Mariners, Inc.				INSURE							
	Box 21				INSURE							
					INSURE							
Matlacha FL 33993						INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:CL1721002		***************************************		REVISION NUMBER:		<u> </u>		
IN Cl	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	OF QUIF PERT	INSUI REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS		
NSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT	s			
-115	x COMMERCIAL GENERAL LIABILITY	INSD	VVVD	FOLIGI NUMBER		(mmyssyrttff)	Column Column (1111)	EACH OCCURRENCE	s	1,000,000		
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	OCCUPATION AND A COURT			NBP2000060G		3/25/2016	3/25/2017	MED EXP (Any one person)	s	5,000		
						-,,		PERSONAL & ADV INJURY	\$	· · · · · · · · · · · · · · · · · · ·		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	· · · · · · · · · · · · · · · · · · ·		
								PRODUCTS - COMPTOR AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	s			
								(Ea accident) BODILY INJURY (Per person)	\$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	s			
	HIRED AUTOS AUTOS							(Per accident)	\$			
	UMBRELLA LIAB OCCUR											
	H							EACH OCCURRENCE	\$			
	OD THE WAY							AGGREGATE	\$			
	DED RETENTION S WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y/N											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	5			
A	OTHER: LIQUOR LIABILITY			NNP2000060G		03/25/2016	03/25/2017			1,000,000		
Ce:	cription of operations/Locations/Vehic tificate Holder is listed ENT: 26TH Annual Mullet to cation: Matlacha Community	as ss C	an Cham	additional insured pionship 3/11/201	d 7 - 3	/12/2017						
					04	c Mor	09 17					
CE	RTIFICATE HOLDER				CANO	CELLATION						
	39) 485-5460											
LEE COUNTY BOARD OF COUNTY COMMISIONERS 2115 Second St FORT MYERS, FL 33901						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							
								t Sidton				
						© 19	88-2014 AC	ORD CORPORATION.	All rig	hts reserved		



Matlacha Community Park

