



EVENT PERMIT

Ordinance 14-15



COUNTY ADMINISTRATION

LATIN LIVE MUSIC FESTIVAL 2017 MAR -9 PM 1:03

PERMIT NUMBER: TMP2017-00080

Date(s) of Event: March 10, 2017 from 5:00pm until 12:00am

Property Owner: FISCHER FL PROPERTIES

Applicant: MIAMI STYLE PRODUCTIONS

Contact: YENLYS RAGA

Description: Live Band, DJ Performance

Location of event: 9501 THUNDER RD FORT MYERS 33913
SIX BENDS HARLEY DAVIDSON/**786-306-5321

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? No

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

 3-9-17
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

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	Latin Live Music Festival.
Date(s) of Event / Production:	03/10/17
Location(s) of Event:	Six Bends.
Name of Applicant:	Miami style Promotions.
Applicant Address:	1716 43 rd st sw Naples FL 34116.
Applicant Phone Number:	786 306 5321
Contact Person: (If different from applicant)	Yenys Raga.
Contact Phone Number: (If different from applicant)	
Email Address:	info@miamistyleproductions.com.
Estimated Attendance:	1000.
Event Description: Include each activity, when activities take place, etc.	Live Band DJ Performance.
Hours of Operation:	5:00 PM - 12:00 AM.
STRAP # of Parcel: •	224525L3240000010/30/20
Owner of Premises*: •	Fischer Florida Properties I, LLC

*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? _____

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

* 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: _____

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: _____

Food Trucks

Type of Food being Served: varies by menu

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

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

Name of Charity: _____

Address of Charity: _____

Phone Number: _____

Non-profit certificate/registration number: _____

(Proof of registration with the Dept. of Agriculture & Consumer Services 5496.405 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

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- ☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Will any of the following be needed or included*?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Street Closure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Traffic / Crowd Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives or Pyrotechnics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animals, Large or Small | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stunts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* 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.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____
Total budget: _____ Estimate amount spent in Lee County: _____
Hotel room nights: _____ Number of shooting days: _____
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 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.

Applicant Agreement - Signature Required

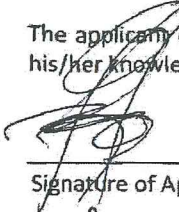


SECTION V - AGREEMENT

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.



Signature of Applicant

Jenlys Baga

Print Name of Applicant and Title

2-23-17

Date



Witness

Taylor Loethen

Print Name of Witness

2/23/17

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:

In authorized parking areas only.

Deputies (How Many?):

Two deputies for traffic at Jetport Commerce Loop and Intercom Dr.
Two deputies for traffic at Intercom Ln. and Treeline
One supervisor for relief and oversight of traffic positions.

Fee for Services:

Special Arrangements:

None.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott K. Lucia

Title: Special Events, Permits and Details

Date: 28 February 2017



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
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

Details are charged a \$15 per deputy vehicle rate.

All boat details are charged a \$20 per hour boat rate.

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.

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 unarmed 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) <u>5</u>	Total Hours <u>8 per</u>	Rate per Hour <u>\$60/\$50</u>	Vehicle Rate <u>\$15 per</u>
Total Cost for Detail <u>\$1,655</u>			
Vender Signature _____		Date _____	



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

LCSO Details Main Phone Number: 239-477-1199			
Vendor Information			
Business Name: <u>Miamistyle Productions</u>			
Street: <u>1716 43rd St SW</u>			
City: <u>Naples</u>	State: <u>FL</u>	Zip Code: <u>34116</u>	
Business Contact: <u>Yenlys Raga</u>		Phone: <u>786-306-5321</u>	
Email Address: <u>info@miamistyleproductions.com</u>			
Event Information			
Detail Location: <u>Six Bends Harley Davidson</u>			
Street: <u>9501 Thunder Rd</u>			
City: <u>Fort Myers</u>	State: <u>FL</u>	Zip Code: <u>33913</u>	
Contact During Event: _____		Phone: _____	
Event Date: <u>3/10/17</u>		Event Time: <u>1630-0030</u>	
Anticipated Crowd Size : <u>1000</u>		Type of Event: <u>Latin Music Festival</u>	
Additional Security Working Detail: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many? <u>Suncoast Requested</u>	
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol Served: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Detail Information			
Security	<input type="checkbox"/>	Traffic	<input checked="" type="checkbox"/>
Escort	<input type="checkbox"/>	Holiday	<input type="checkbox"/>
Last Minute	<input type="checkbox"/>	Stand-by	<input type="checkbox"/>
Marked Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uniformed Deputy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prisoner Transport <input type="checkbox"/>			
Funeral Escort <input type="checkbox"/>			
Detail Description: Two deputies for traffic control at Jetport Commerce Loop and Intercom Drive. Two Deputies for traffic control at Intercom Ln and Treeline. One supervisor for oversight of traffic positions. Payment in full must be received by March 5th to secure deputies for the event per the permit. Payment can be made in the form of a cashier's check, money order or cash.			



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

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.*

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☐ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

Fire Guards (How Many?)	1 Crowd Manager
Fee for Services:	55.00 Inspection fee per tent over 900 sq ft.
Flammable Vegetation:	cleared from around tents
First Aid Equipment:	n/a
Fire Extinguishing:	minimum 2A 10BC at all tents, cooking tents and food trucks must be NFPA 96 compliant, Propane must be kept 10 feet away from all tents and secured as to not tip over.
Special Arrangements:	none at this time

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
DN: cn=James Tanner, o=South Trail Fire District, ou=Fire Marshal,
email=j.tanner@southtrailfire.org, c=US
Date: 2017.03.01 10:06:10 -05'00'

Title: Fire Marshal, South Trail Fire District

Date: Mar 1, 2017

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:

- ☒ SPECIAL EVENT PERMIT
☐ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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: 2017.03.01 12:15:06 -05'00'

Title: Chief

Date: 03/01/2017

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

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:

Park in designated areas. 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 Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2017.03.02 11:46:41 -05'00'

Title: Senior Project Manager

Date: Mar 3, 2017

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:

- ☒ 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.

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

Not on Lee County Parks & Rec property and
will not affect our programs or operations.

Print Name: Jesse Linder
Signature: Jesse Linder
Title: Acting Deputy Director
Date: 2/28/17

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:

- ☒ 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.

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: March 2, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE REPRODUCED
02-27-17

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 Procom Insurance Underwriters 4909 SW 74th Ct Miami, FL 33155 Phone (305) 740-4460 Fax (305) 740-4469	CONTACT NAME: ISIDRO GUILLEMA PHONE (Adv. No., Ext.): (305) 740-4460 FAX (Adv. No.): (305) 740-4469 EMAIL: ojs@procomcorp.com ADDRESS: ojs@procomcorp.com
INSURED TOP SHELF BEVERAGE CATERING, LLC 835 NE 88 St Miami, FL 33138-305-208-4457	INSURER A: UNITED STATES LIABILITY INSURANCE CO INSURER B: MT. VERNON FIRE INSURANCE CO INSURER C: INSURER D: 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.					
INSURANCE LINE	TYPE OF INSURANCE	ADD. SUBR. INSN. VNO.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> BIPO 3,500 DED <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO. TEST <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> CIP <input type="checkbox"/> FIDELITY & SURETY WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N ANY DISCREPANCY BETWEEN EXECUTIVE OFFICER'S NUMBER EXCLUDED? (Mandatory in NJ) IF DISCREPANCY, LIST OPERATIONS BELOW	Y	CL1637116C	01/21/2017	01/21/2018
					LIMITS EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES \$ 100,000.00 MED EXP. & DEFENSE \$ 5,000.00 PERSONAL & ADV. INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP. OP. AGG. \$ 2,000,000.00 CONTINUED SINGLE LIMIT BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ FACILITY RENTALS \$ AGGREGATE \$ FIDELITY & SURETY FIDELITY & SURETY (Per claim) \$ FIDELITY & SURETY (Per year) \$ FIDELITY & SURETY (Per policy year) \$
B	LIQUOR LIABILITY	N/A	CL2654010C	01/21/2017	01/21/2018
					\$ 1,000,000 OCC / 2,000,000 AGG

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

A ASSAULT/BATTERY INCLD.

FOOD AND LIQUOR CATERING COMPANY
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED

02 MF 03/02/17

CERTIFICATE HOLDER LEE COUNTY BOARD OF COUNTY COMMISSIONERS 2120 MAIN STREET FT MYERS FL 33501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE SHALL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: ISIDRO GUILLEMA
--	---

Lee County Event Permit Application



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.

Special Arrangements:

--

Other:

--

Print Name: _____

Signature: _____

Title: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/17

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 Procom Insurance Underwriters 4909 SW 74th Ct Miami, FL 33155 Phone (305) 740-4460 Fax (305) 740-4469	CONTACT NAME: ISIDRO GUILLAMA PHONE (A/C, H/O, E/M): (305) 740-4460 FAX (A/C, H/O): (305) 740-4469 E-MAIL: olg@procom-corp.com ADDRESS: olg@procom-corp.com
INSURED TOP SHELF BEVERAGE CATERING, LLC 835 NE 88 St MIAMI, FL 33138-305-208-4457	INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES LIABILITY INSURANCE CO INSURER B: MT. VERNON FIRE INSURANCE CO INSURER C: INSURER D: 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BIPO \$ 500 DED <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> CTD <input type="checkbox"/> LIMITATIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N AND IS ONE TO PARTIAL/EXECUTIVE OFFICER-MEMBER EXCLUDED? (Mandatory in FL) If yes, describe in writing the operations below	Y	CL1637116C	01/21/2017	01/21/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000.00 MED EXP (A/C) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMPOR AGG \$ 2,000,000.00 COMBINED SINGLE LIMIT (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ EACH OCCURRENCE \$ AGGREGATE \$ VIC STATUTORY LIMITS <input type="checkbox"/> GEN'L <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - FA EMPLOYE \$ EL DISEASE - POLICY IN \$	
	B	LIQUOR LIABILITY		CL2654019C	01/21/2017	01/21/2018	\$ 1,000,000 OCC / 2,000,000 AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

A ASSAULT/BATTERY INCLD.

FOOD AND LIQUOR CATERING COMPANY
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

LEE COUNTY BOARD OF COUNTY COMMISSIONERS
2120 MAIN STREET
FT MYERS FL 33901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE SHALL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ISIDRO GUILLAMA

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

ACORD 25 (2010/05) OF



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/22/17

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 Procom Insurance Underwriters 4809 SW 74th Ct Miami, FL 33155 Phone (305) 740-4460 Fax (305) 740-4469	CONTACT NAME ISIDRO GUILLAMA PHONE (305) 740-4460 FAX (305) 740-4469 E-MAIL oigueramirez@procomcorp.com ADDRESS
INSURED TOP SHELF BEVERAGE CATERING, LLC. 835 NE 88 St MIAMI, FL 33138-305-206-4457	INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES LIABILITY INSURANCE CO. INSURER B: MT. VERNON FIRE INSURANCE CO. INSURER C: INSURER D: 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.

INSURER	TYPE OF INSURANCE	ADDL. INSURER	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> BOPD \$ 500 DED. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	CL1837116C	01/21/2017	01/21/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	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 <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER NUMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	LIQUOR LIABILITY		CL2854019C	01/21/2017	01/21/2018	\$ 1,000,000 OCC / 2,000,000 AGG.

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

A ASSAULT/BATTERY INCLD.
FOOD AND LIQUOR CATERING COMPANY
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR
FISCHER FLORIDA PROPERTIES 1 LLC / MOTORSPORT OF FORT MYERS LLC / FLORIDA HOGS COMMERCIAL OWNERS ASSOCIATION
Lee County Board of Commissioners
Fischer Entertainment, LLC

CERTIFICATE HOLDER SIX DENOS 9501 THUNDER ROAD FORT MYERS FL 33913	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. AUTHORIZED REPRESENTATIVE ISIDRO GUILLAMA
--	---

ACORD 25 (2010/05) QF

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2017

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 have ADDITIONAL INSURED provisions or 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 MFE Insurance Brokerage 811 W. 7th Street 11th FL Los Angeles CA 90017		CONTACT NAME: Alec Roberts PHONE (A/C, No, Ext): 213-634-2500 FAX (A/C, No): E-MAIL: alec@mfeinsurance.com ADDRESS: alec@mfeinsurance.com	
INSURED Rodriguez Productions, LLC. 17030 Alico Commerce Ct. Ft. Myers FL 33967		INSURER(S) AFFORDING COVERAGE INSURER A: New York Marine & General Insurance Co. INSURER B: INSURER C: INSURER D: 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.

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL201700008414	02/03/2017	02/03/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 named as Additional Insured with respect to the operations of the named insured.

CERTIFICATE HOLDER

MC productions
Frank contreras
12032 carmen ave
Dade city, FL 33525

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.

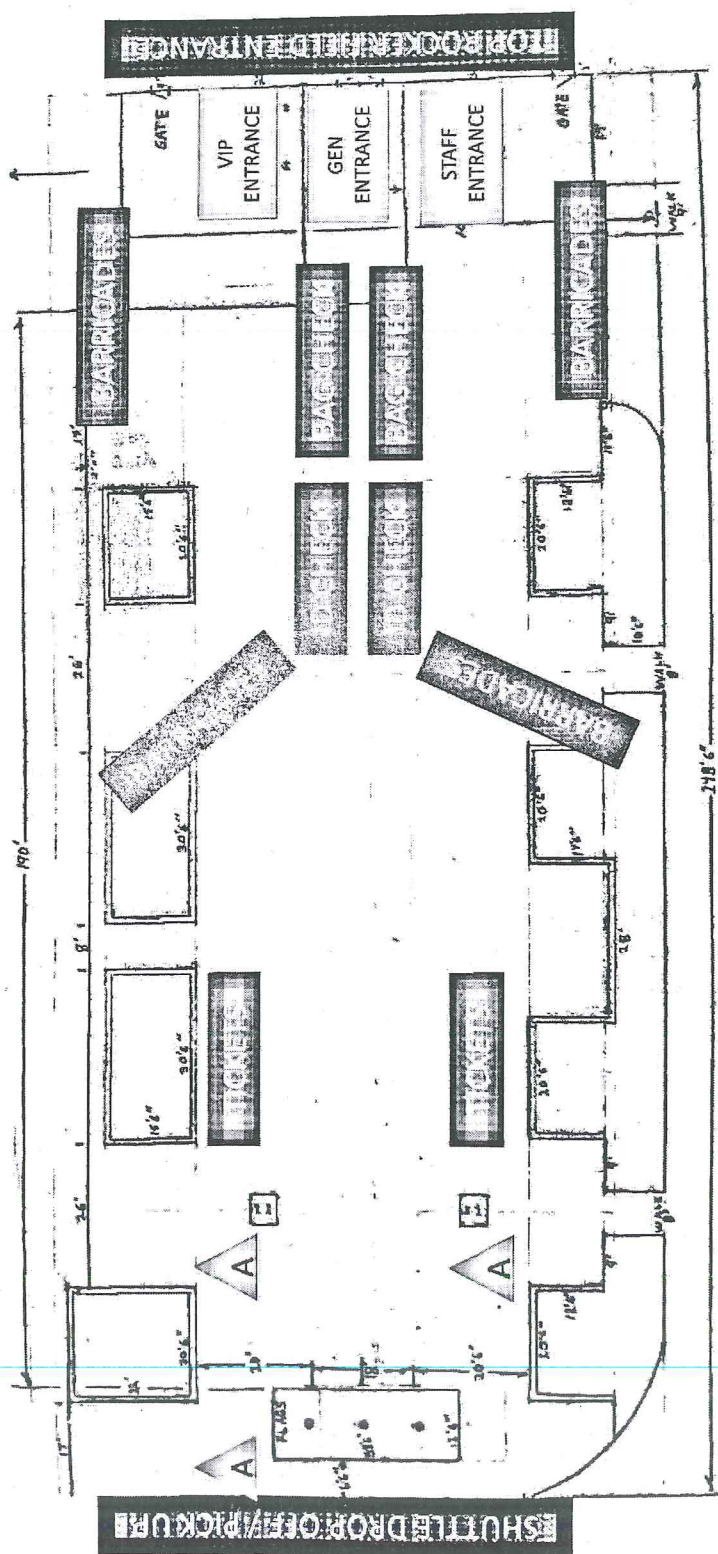
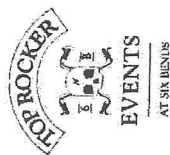
AUTHORIZED REPRESENTATIVE

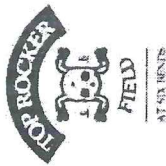
Alec Roberts

© 1988-2015 ACORD CORPORATION. All rights reserved.

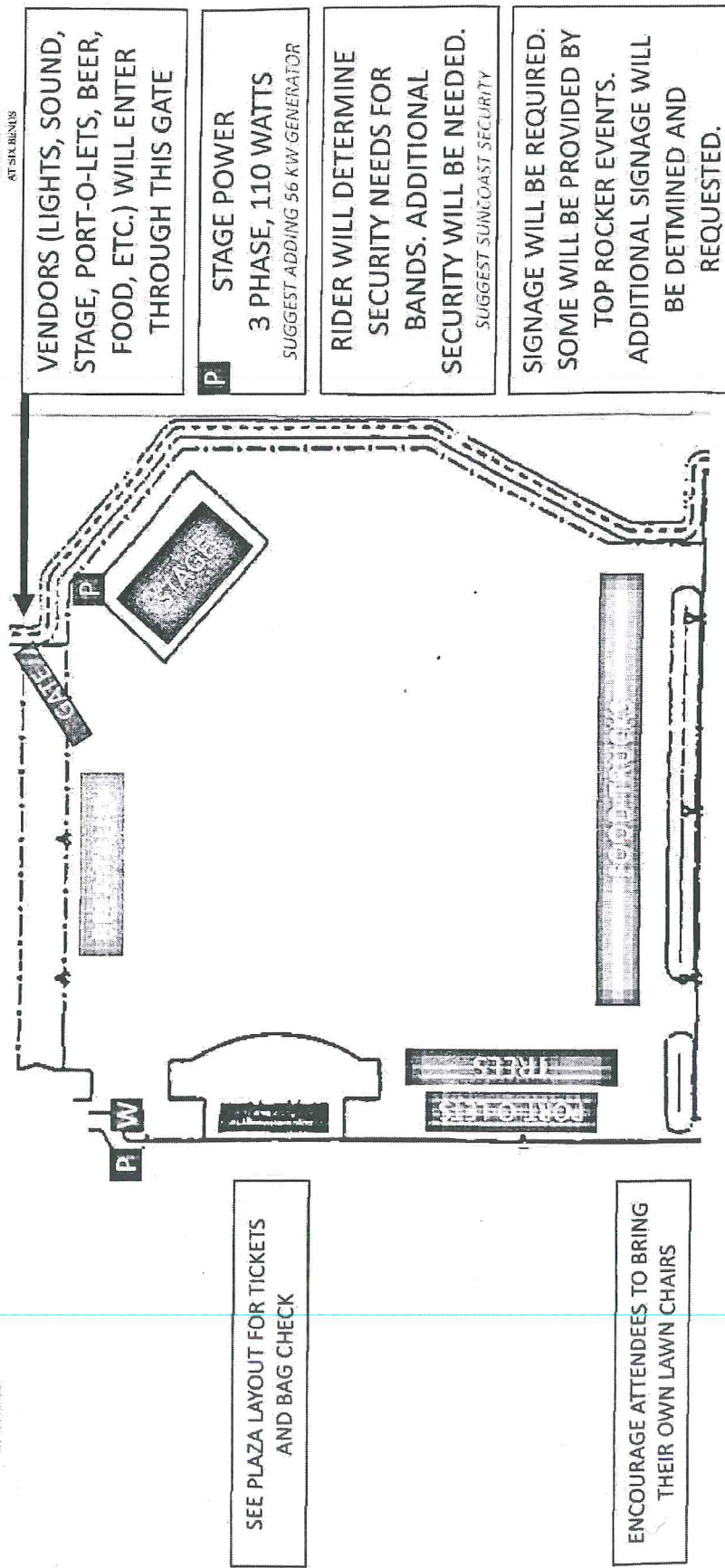
ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD





LATIN LIVE MUSIC FESTIVAL TOP ROCKER FIELD LAYOUT



VENDORS (LIGHTS, SOUND, STAGE, PORT-O-LETS, BEER, FOOD, ETC.) WILL ENTER THROUGH THIS GATE

P STAGE POWER
3 PHASE, 110 WATTS
SUGGEST ADDING 56 KW GENERATOR

RIDER WILL DETERMINE SECURITY NEEDS FOR BANDS. ADDITIONAL SECURITY WILL BE NEEDED. SUGGEST SUNCOAST SECURITY

SIGNAGE WILL BE REQUIRED. SOME WILL BE PROVIDED BY TOP ROCKER EVENTS. ADDITIONAL SIGNAGE WILL BE DETERMINED AND REQUESTED.

SEE PLAZA LAYOUT FOR TICKETS AND BAG CHECK

ENCOURAGE ATTENDEES TO BRING THEIR OWN LAWN CHAIRS

**FRIDAY, MARCH 10, 2017
LATIN LIVE MUSIC FESTIVAL
EVENT LAYOUT**

