

# **EVENT PERMIT**



Ordinance 14-15

# WALK LIKE MADD/MADD DASH

**PERMIT NUMBER:** 

TMP2017-00147

Date(s) of Event:

September 30, 2017 from 7am-12pm

Property Owner:

LEE COUNTY

Applicant:

MOTHERS AGAINST DRUNK DRIVING

Contact: LORI BURKE

Description:

Walk and 5K run to raise awareness and funds for MADD's mission in Southwest

Florida per approved race route

Location of event:

11500 FENWAY SOUTH DR FORT MYERS 33913

JETBLUE PARK AT FENWAY SOUTH/\*\*\*239-791-7560

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?

No

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 D



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **Event Application**

heck 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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Walk Like MADD/ MADD Dash
Date(s) of Event / Production:	9/30/17
Location(s) of Event:	JetBlue Park at Fenway South
Name of Applicant:	Mothers Against Drunk Driving
Applicant Address:	13130 Westlinks Terrace, Suite 8, Fort Myers, FL 33013
Applicant Phone Number:	239.791.7560
Contact Person: (If different from applicant)	Lori Burke
Contact Phone Number: (If different from applicant)	
Email Address:	lori.burke@madd.org
Estimated Attendance:	200-300
Event Description: Include each activity, when activities take place, etc.	The event is a walk and 5K run to raise awareness and funds for MADD's mission in Southwest Florida. The walk and run will start at 7am and follow a route out of the park, east on Daniels, north on Gateway Blvd, west on Commerce Lakes Drive, south on Westlinks Terrace and west on Daniels Parkway with the finish line at JetBlue Park. After the walk and run, there will be community partners, food and beverages available.
Hours of Operation:	7am - 12pm
STRAP # of Parcel:	24452502000060000
Owner of Premises*:	Lee County

<sup>\*</sup>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	e premises? MPD	
Are any temporary structures to be ins	talled for the event? Tyes No	Type:
Do you have the appropriate permits fo	or the temporary structures?	☐ Yes ☐ No
indentified, including all parking areas.	nty Property' permit, submit a site plan w	
Insurance Company Insuring the Event	Arthur J. Gallagher Risk Management Servi Two Lincoln Centre	ices, Inc.
Note: Certificate of Insurance must be submitt		
Surety Company Bonding this Event (N	lame 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	☐ Yes
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.
	ood vendors have not been confirmed. How Aramark, Dunkin Donuts, Jason's Deli, Starbuo	
Type of Food being Served: Coffee, Wa	ater, Donuts, Fruit, Bagels, smoothies	
The state of the s	en et et en stad en stad en stad en	Consideration for the contract of the contract
Section II - USE OF COUNTY I	PROPERTY PERMIT	
Organization Sponsoring the Event: N	Nothers Against Drunk Driving	
	or Solicitation in the County Rights-of-Wo	ау:
Name of Charity: Mothers Against Dru	nk Driving	
Address of Charity: 13130 Westlinks Te	errace, Suite 8, Fort Myers, FL 33913	
Phone Number: 239.791.7560		
Non-profit certificate/registration nu	mber: 94-2707273	
(Proof of registration with the Dept. of Agriculture	& Consumer Services §496.405 or proof the organizatio	n is exempt from this requirement. §316.2045)
	TION OF ALCHOLIC BEVERAGES	
Is alcohol being sold/consumed on Co	unty Property? d. Only non-profit organizations can sell alcohol on Cour	Yes No
Non-profit certificate/registration nul (Required if alcohol is to be <u>SOLD</u> at the event)	mber:	
<b>Please note:</b> A permit from the State of Floric further details	la Division of Alcoholic Beverages and Tobacco ma	y also be required; please call (239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

oe of Production (choose all that apply):  TV Movie or Special TV Series / P	Pilot	ТΛ	Commercia	1 [	Still Photos	
Public Service Announcement  Industrial / D		<b>*</b>		*		
ill any of the following be needed or included*?						
Street Closure		Г	Yes	∏ No		
Traffic / Crowd Control		· · · · · · · · · · · · · · · · · · ·	Yes	No		
Fire or Burning		· -	Yes	┌ No		
Explosives or Pyrotechnics		Γ	Yes	┌ No		
Animals, Large or Small		Ī	Yes	☐ No		
Construction of Any Kind		Г	Yes	┌ No		
Large and/or Numerous Vehicles		Г	Yes	┌ No		
Helicopters, Boats, etc.		Ę	Yes	☐ No		
Stunts		Г	Yes	☐ No		
Other		Г	Yes	┌ No		
Special Parking Requirements:						
City or County Services Required: (Personnel, eq	uipment, facili	ties, etc.)				
The following information is required for local an the industry. If exact figures are not available, pl	nd state records lease estimate	s on prod as closely	uction in Fl	orida to	track the eco	nomic impaci
Number in Cast: Number	mber in Crew: —		Numl	per of lo	cals hired:	
Total budget: Esti	imate amount sp	ent in Lee	County:	· · · · · · · · · · · · · · · · · · ·		
Hotel room nights: Nui	mber of shooting	g 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 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.

Hight	Angela M. Stiers
Signature of Applicant	Witness
Lista Hightower	Angela M. Stiers
Chief Financial Officer	National Contract & Legal Administrator
Print Name of Applicant and Title	Print Name of Witness
August 11, 2017	August 11, 2017
Date	Date



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

Check the appropria	te box(es) below:
PERMIT TO	INTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES T
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Park in authorized areas only.
Deputies (How Many?):	Four deputies and Seven VOICE members for traffic control and safety of partcipants from 0600 - 1200 hrs
Fee for Services:	
Special Arrangements:	
	Print Name: Captain James Loethen  Signature: Application of Joseph 92149  Title: Special Events, Permits and details  Date: 6-20-17



#### 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	ate box(es) belo	w:		
□ SPECIAL EV      □ USE OF CO      □ FILM PERM	UNTY PROPERTY F	PERMIT		
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLE ICANT TO COMPLY	EASE INDICATE BELO WITH FOR THEIR EVE	W WHAT ARRANGEMENT ENT.	S YOUR ORGANIZATION
Fire Guards (How Many?)	1 Crowd 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 Fire Marshal, South Trail	Oglally signed by James Tarner Disconstaner Earner, occulour hall Fire District, our-Fire Marshal, email-ignon-regisourthraillife.org, cru5 Date: 2017.05.16 1239:14-04007	
	Title: Date:	May 16, 2017	THE DISTRICT	



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

Check the appropri	ite box(es) belov	v:
SPECIAL EV	ENT PERMIT	
☑ USE OF CO	JNTY PROPERTY PE	RMIT
☐ FILM PERM	IT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	We would recommer	nd a bike team on site as we have done for previous events.
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	itions necessary.
Fee for Services	As applicable under I	Medical Personnel above.
	•	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Benjamin Abes
	Signature:	Benjamin Abes Digitally signed by Benjamin Abes Date: 2017.05,16 15:26:30 -04'00'
	Title:	Chief
	Date:	05/16/2017



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

Check the approprie	ate box(es) belo	DW:	
	ENT PERMIT		
Temporated	UNTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PI	LEASE INDICATE BELOW WHAT ARRANGEMENT LY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION
Parking:	Park in designated a rights-of-way.	areas. No event parking on or within 10 feet of Lee Count	y maintained road
Ingress and Egress:	Use all established	means of ingress and egress.	
USE OF CO PERMIT TO FILM PERN FTER REVIEWING THE VILL REQUIRE THE APP	to be stationed at a Gateway Boulevard referencing FDOT	eriff's Office for assistance with traffic control. Deputies of all major intersections/driveways along the route and the d. Applicable turn lane closures at Daniels & Gateway Blvo Roadway Design standards, Index 600, or at the direction inimum along lane closures to the north of Daniels on the opened to traffic as soon as practicable under the direction	I will be accomplished of Law Enforcement. Cones as side-streets. All lane
	Print Name:	Bryan Miller	
FILM PERIFIER REVIEWING THE VILL REQUIRE THE APPEARKING:	Signature:	Bryan D. Miller  Digitally signed by Bryan D. Miller Date: 2017.07.05 07:43:54-04'00'	
	Title:	Senior Project Manager	_
	Date:	July 5, 2017	_



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

PERMIT TO	ENT PERMIT UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES IT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
llumination:	N/A Daytime avent
Parking Areas:	Work with on site Parkstaff and Red Sox staff to coordinate parking
Special Arrangements:	provide a degrate staff for clean up after the event. Coordinate use of restroom facilities with Red Sox staff and park staff.
	A :
	Print Name: AlisE Flanjack Signature: Abel Flajack
	Signature: Abol Hajack
	Title: Deputy Director
	Date: 5/31/17
Welk Lile N Sept. 30, Jet B	1400 5K 2017 Page   10 Ive Port



# 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) bel	ow:
SPECIAL EVE	•	PERMIT
******		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	Γ	
AFTER REVIEWING THE A	APPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pre	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:	A Certificate of Ir Board of County additional insure	nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an
	Subject to proof	of insurance.
	Print Name:	Mike Figueroa
	Signature:	2
	Title:	Risk Program Manager
	Date:	August 2, 2017



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2017

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 in If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	e terms and conditions of th	e polic uch end	y, certain po dorsement(s)	olicies may r	require an endorsement.	Asta	atement on
PRODUCER			CONTAI NAME:	CT Kim McGe				
Commercial Lines – (800) 282-3343			PHONE (A/C. No	, Ext); 407-48°	1-1613	FAX (A/C, No):		
Wells Fargo Insurance Services USA, Inc.			E-MAIL ADDRE	العرجم والمساء ا	y.mcgee@we			
800 N. Magnolia Ave., Suite 700			7122112		URER(S) AFFOR	DING COVERAGE		NAIC#
Orlando, FL 32803			INSURE	, ,	ton Insurance			19437
INSURED	***************************************		INSURE		al Union Fire	Ins. Co. of Pittsburgh, PA		19445
Lee Memorial Health System			INSURE	\$ 1 . II	al Fire and Ma	arine Insurance Co		20079
2780 Cleveland Ave., Suite 459			INSURE					
			INSURE					
Fort Myers, FL 33901			INSURE					
COVERAGES CER	TIFIC	ATE NUMBER: 12122679				REVISION NUMBER: S	ee belo	w
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT. POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	י סד דג	WHICH THIS
NSR LTR TYPE OF INSURANCE	ADDL			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A X COMMERCIAL GENERAL LIABILITY		014021412		04/01/2017	04/01/2018	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		· · · · · · · · · · · · · · · · · · ·				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
X SIR \$100,000						MED EXP (Any one person)	\$	Excluded
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:						COMBINED SINGLE LIMIT	s	
B AUTOMOBILE LIABILITY		CA5573455		04/01/2017	04/01/2018	(Ea accident)	\$	1,000,000
X ANY AUTO						BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	S	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
A X UMBRELLALIAB X OCCUR		013510210		04/01/2017		EACH OCCURRENCE	\$-	10,000,000
C EXCESS LIAB CLAIMS-MADE		42XSF30236002		04/01/2017	04/01/2018	AGGREGATE	\$	10,000,000
DED X RETENTIONS 10,000						I PER I OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under		-				E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below				:		E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Coconut Point Town Center, LLC, Coconu are named as additional insured as it related	t Poir	nt Developers, LLC, Simon Prop	erty Gr	oup, Inc., Lee	County Boar	d of Commissioners and	√illage	of Estero
				on mp		17		
CERTIFICATE HOLDER			CAN	CELLATION				
Coconut Point Town Center, LLC 23106 Fashion Dr, Suite 107 Estero, FL 33928			THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
			AUTHO	ORIZED REPRESE		Spala		ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT

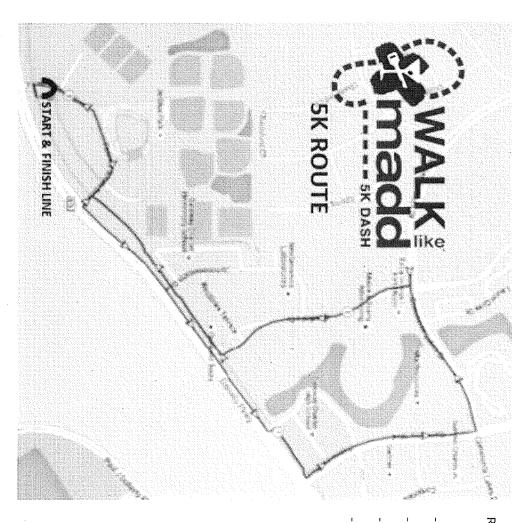
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**5K ROUTE** 

4.0

START & FINISH LINE



# ROUTE:

- Daniels Parkway: run/walk along the pedestrian pathway
- Gateway Blvd: run/walk along the northbound side of the divided road
- Commerce Lakes Blvd: run/walk along the eastbound side of the divided road
- Westlinks Drive: run/walk along the southbound lane of the road