



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

email: specialevents@leegov.com

Fax: 461-4341

Ph.#: 533-8329

permitting: 533-8330

TMP 2017-00184

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	Savage 4x4 Hero Project
Date(s) of Event / Production:	July 1, 2017
Location(s) of Event:	5770 Enterprise Pkwy Ft. Myers, FL 33905
Name of Applicant:	Savage 4x4, Inc - Linda Thompson
Applicant Address:	5770 Enterprise Pkwy Ft. Myers, FL 33905
Applicant Phone Number:	239-689-1428
Contact Person: (If different from applicant)	Linda Thompson
Contact Phone Number: (If different from applicant)	same
Email Address:	Savage 4x4-acc@hotmail.com
Estimated Attendance:	1000
Event Description: Include each activity, when activities take place, etc.	4-9 p.m To raise money vehicle builds for local first responders/Police Food trucks (2), vendors, raffles, 50/50 Music
Hours of Operation:	4-9 p.m
STRAP # of Parcel:	10-44-25-01-00000.0210
Owner of Premises*:	William P. McMahon Trust

*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? Warehousing, Distribution Terminals / 48

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:

Curries

Type of Food being Served: Food truck BBQ

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 §496.405 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: 47-3500282

(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

☐ Yes ☐ No

Traffic / Crowd Control

☐ Yes ☐ No

Fire or Burning

☐ Yes ☐ No

Explosives or Pyrotechnics

☐ Yes ☐ No

Animals, Large or Small

☐ Yes ☐ No

Construction of Any Kind

☐ Yes ☐ No

Large and/or Numerous Vehicles

☐ Yes ☐ No

Helicopters, Boats, etc.

☐ Yes ☐ No

Stunts

☐ Yes ☐ No

Other

☐ Yes ☐ 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.

Linda Thompson
Signature of Applicant

Linda Thompson-Organizer
Print Name of Applicant and Title

6-8-17
Date

[Signature]
Witness

Nathan Ford
Print Name of Witness

6-8-17
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:

Parking in authorized areas only. Applicant advised overflow parking will be along Enterprise. Event volunteers will be on hand to ensure overflow parking does not impede the flow of traffic in any way. Should traffic control become an issue additional traffic deputies may need to be added at the expense of the applicant.

Deputies (How Many?):

1 uniformed deputy for security and presence during event.

Fee for Services:

Special Arrangements:

Alcoholic beverages must stay within the confines of the event area.

Print Name: Captain James Loethen

Signature:

Capt. J. Loethen 9/21/49

Title:

Special Events, Permits and Details

Date:

6-20-17

Mike Scott
Office of the Sheriff



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
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>1</u>	Total Hours <u>5</u>	Rate per Hour <u>\$40.00</u>	Vehicle Rate <u>waived</u>
Total Cost for Detail <u>\$200.00</u>			
Vender Signature _____		Date _____	



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

LCSO Form 389 (revised 5/1/2015 B.Martin 07-252)

LCSO Details Main Phone Number: 239-477-1199			
Vendor Information			
Business Name: <u>Savage 4x4</u>			
Street: <u>5770 Enterprise Pkwy</u>			
City: <u>Fort Myers</u>		State: <u>FL</u> Zip Code: <u>33905</u>	
Business Contact: <u>Linda Thompson</u>		Phone: <u>239-689-1428</u>	
Email Address: <u>savage4x4-acc@hotmail.com</u>			
Event Information			
Detail Location: <u>Savage 4x4</u>			
Street: <u>5770 Enterprise Parkway</u>			
City: <u>Fort Myers</u>		State: <u>FL</u> Zip Code: <u>33905</u>	
Contact During Event: <u>Linda Thompson</u>		Phone: <u>239-689-1428</u>	
Event Date: <u>07/01/17</u>		Event Time: <u>4pm - 9pm</u>	
Anticipated Crowd Size: <u>1000</u>		Type of Event: <u>fundraiser</u>	
Additional Security Working Detail: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how many? _____			
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 checked="" type="checkbox"/>	Traffic <input type="checkbox"/>	Prisoner Transport <input type="checkbox"/>	
Escort <input type="checkbox"/>	Holiday <input type="checkbox"/>	Funeral Escort <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		
Detail Description: One uniformed deputy for security and presence during event. Applicant will have volunteers on hand to handle overflow parking to ensure it does not impede the flow of traffic. If traffic would become an issue additional traffic deputies would be hired at the expense of the applicant.			



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?)

Fee for Services:

Flammable Vegetation:

First Aid Equipment:

Fire Extinguishing:

Special Arrangements:

Print Name:

Signature:

Title:

Date:

Ted Ross

[Signature]

Fire Chief

06/22/17

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: 2017.06.16 15:34:11 -04'00'

Title: Chief

Date: 06/16/2017

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

Parking:

No event parking on County maintained road rights-of-way where parking is prohibited.

Ingress and Egress:

Use 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: 2017.06.23 07:05:55 -04'00'

Title: Senior Project Manager

Date: June 23, 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:

N/A Event is not on parks & Recreation property and event will not affect county parks operation

Print Name:

Alise Flanck

Signature:

Alise Flanck

Title:

Deputy Director

Date:

6/19/17

Savage 4x4 Hero Project
July 1, 2017

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
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☐ 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:

June 20, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2017

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 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
R.V. Nuccio & Associates Insurance Brokers, Inc.
10148 Riverside Drive
Toluca Lake, CA 91602

CONTACT NAME: Robert V. Nuccio
PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595
E-MAIL: support@rvnuccio.com
ADDRESS:

INSURED
Savage 4x4, Inc
5770 Enterprise Pkwy
Ft. Myers, FL 33905

INSURER(S) AFFORDING COVERAGE
INSURER A: Fireman's Fund Insurance Company NAIC # 21873
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 INSR	SUBR WVD	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"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		XXC80498440 NAEP075997	7/1/2017	07/02/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured: Lee County Board of County Commissioners

OR MF
06/20/17

CERTIFICATE HOLDER

Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, FL 33902

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

Robert V. Nuccio

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Certificate Number: NAEP075997
Effective Dates: 7/1/2017 to 7/1/2017

Additional Insured - Person, Organization or other Entity -
600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)
Lee County Board of County Commissioners

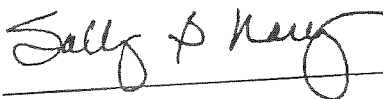
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

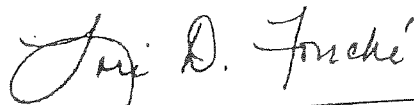
Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President

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: _____

STRAP
10-4-25-01-00000.0210

Owner Name
MCMAHON WILLIAM P TR

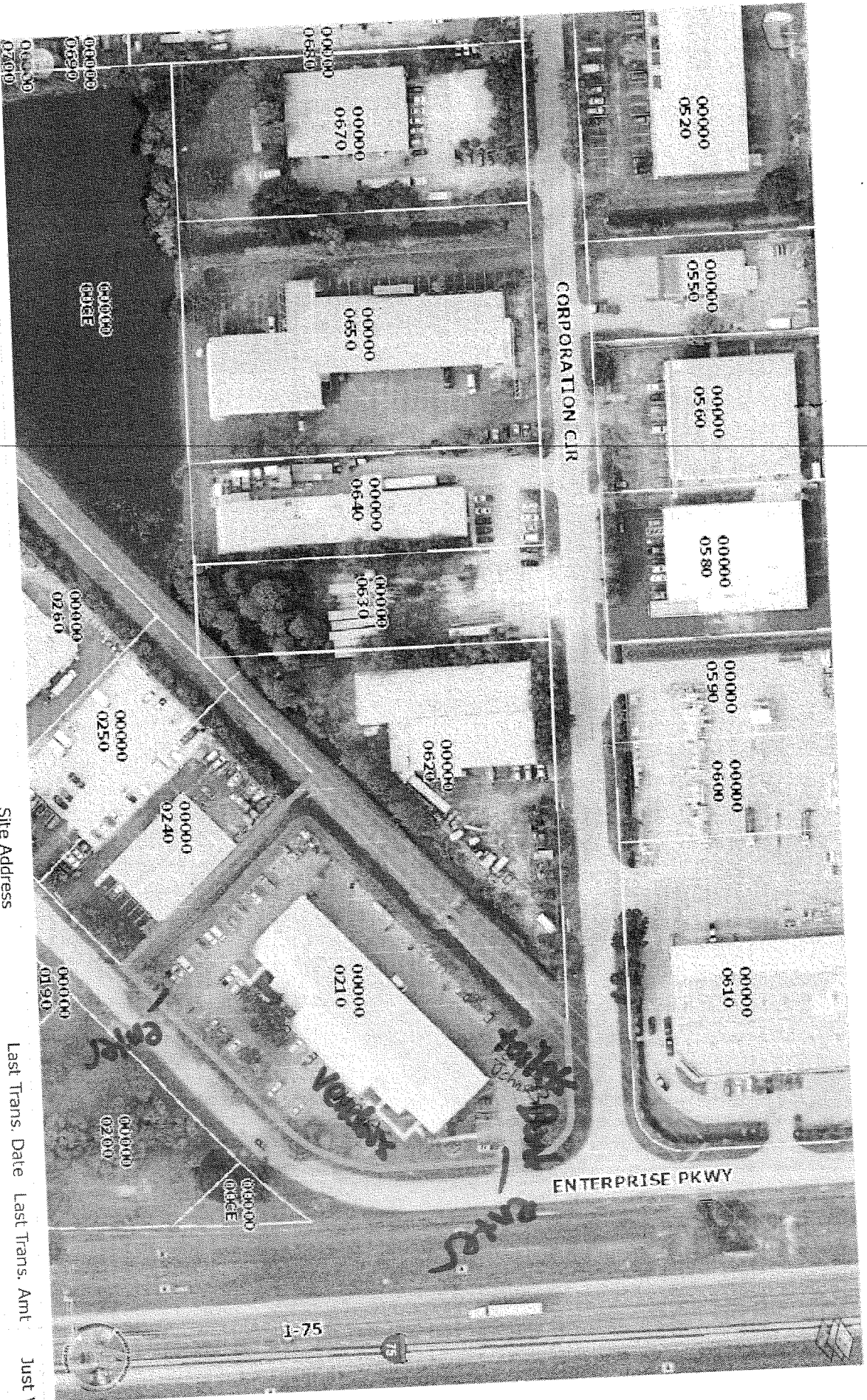
Site Address
5770-5792 ENTERPRISE PKWY, FORT M...

Last Trans. Date
4-2004

Last Trans. Amt
\$ 100

Just V
\$ 9





10-44-25-01-00000.0210

STRAP

MCAHON WILLIAM P TR

Owner Name

Site Address

5770-5792 ENTERPRISE PKWY, FORT M...

Last Trans. Date Last Trans. Amt

4-2004

\$ 100

\$ 9

Just V

HOLD HARMLESS

This Agreement is entered into this ____ day of ____ June ____, 2017 between SAVAGE 4X4, INC. ____, (Tenant) WILLIAM P. MCMAHON REVOCABLE LIVING TRUST ____ (Landlord).

WHEREAS, SAVAGE 4X4, INC. ____ desires to hold a special outside event, subject to the provisions below, and

WHEREAS, Landlord is concerned with the possibility of damage or injury to the Landlord's Property located at 5770 Enterprise Parkway, Ft. Myers, FL 33905 or theft, as well as liability for damages or injuries to persons while attending such event; and

WHEREAS, it is the intention of the parties that by this Agreement the Tenant will hold Landlord and the Owner harmless from any and all liability, theft of the personal property and/or damages which may occur upon or to the Landlord's Property,

IT IS AGREED:

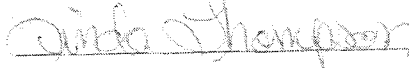
1. Tenant shall indemnify and hold harmless Landlord from and against any and all claims arising from Tenants holding of such event or from the conduct of Tenant's business or from any activity, work or thing done, permitted or suffered by Tenant in or about the Premises or Property. Tenant shall further indemnify and hold harmless Landlord from and against any and all claims arising from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Agreement, or arising from any act or omission of Tenant, or any of Tenant's agents, contractors, attendees or employees and from and against all costs, attorney's fees, expenses, liabilities and other claims incurred in the defense of any such claim. Tenant upon notice from Landlord shall defend the same at Tenant's expense.
2. Losses, expenses, damages or injuries encompassed by this agreement shall include, but not be limited to, any judgement, award, settlement, attorney's fees or other costs or expenses incurred in connection with the defense of any actual or threatened action, proceeding or claim.
3. The parties specifically agree and understand that this Agreement is entered in connection with the authorization to hold such special event on the Property per the following guidelines:
 - A) Tenant will be solely responsible for their Premises and any activity that occurs on the Landlord's Property.
 - B) The Property will be cleaned up and all debris and litter removed at the end of the event at Tenant's sole expense.
 - C) This Agreement is specifically for the period of July 1st ending at 5:00 p.m. July 2nd, 2017.
 - F) The Property is offered solely on an "as is" basis and Landlord makes no warranties or representations concerning the condition of the Property, or its suitability for this event use.
 - G) The Tenant will be responsible for any damage to the Property caused by the holding of this event.
4. The Tenant shall provide Landlord with proof of liability and casualty insurance prior to the holding of the event with a minimum \$1 million dollars in coverage, naming Landlord and CPSWFL as additional insureds.

WITNESSES:



WITNESSES:

TENANT: SAVAGE 4X4, INC.



LANDLORD: WILLIAM P. MCMAHON
REVOCABLE LIVING TRUST

Certificate Number: NAEP075997

Effective Dates: 7/1/2017 to 7/1/2017

Additional Insured - Person, Organization or other Entity -

600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

William P. McMahon Revocable Living Trust/Savage 4x4 Hero Project

Additional Insured: William P. McMahon Revocable Living Trust
670 Mason Ridge Center Dr. , Suite 220
Saint Louis, MO 63141

Additional Insured: Commercial Property Southwest Florida
5220 Summerlin Commons Blvd., Suite 500

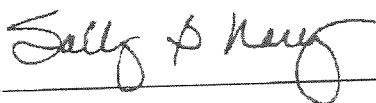
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008595

Entity Name: HELPFUL HEARTS INCORPORATED

Current Principal Place of Business:

1047 GLADYS ST.
LEHIGH ACRES, FL 33974

Current Mailing Address:

1047 GLADYS ST.
LEHIGH ACRES, FL 33974 US

FEI Number: 47-3500282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARINELL, DEREK A
1047 GLADYS ST.
LEHIGH ACRES, FL 33974 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MARINELL, DEREK A
Address 1047 GLADYS ST.
City-State-Zip: LEHIGH ACRES FL 33974

Title VP
Name DAVID, LISA
Address 1047 GLADYS ST.
City-State-Zip: LEHIGH ACRES FL 33974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEREK A MARINELL

PRESIDENT

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

HOLD HARMLESS

This Agreement is entered into this 15th day of June, 2017 between SAVAGE 4X4, INC., (Tenant) WILLIAM P. MCMAHON REVOCABLE LIVING TRUST (Landlord).

WHEREAS, SAVAGE 4X4, INC. desires to hold a special outside event, subject to the provisions below, and

WHEREAS, Landlord is concerned with the possibility of damage or injury to the Landlord's Property located at 5770 Enterprise Parkway, Ft. Myers, FL 33905 or theft, as well as liability for damages or injuries to persons while attending such event; and

WHEREAS, it is the intention of the parties that by this Agreement the Tenant will hold Landlord and the Owner harmless from any and all liability, theft of the personal property and/or damages which may occur upon or to the Landlord's Property,

IT IS AGREED:

1. Tenant shall indemnify and hold harmless Landlord from and against any and all claims arising from Tenant's holding of such event or from the conduct of Tenant's business or from any activity, work or thing done, permitted or suffered by Tenant in or about the Premises or Property. Tenant shall further indemnify and hold harmless Landlord from and against any and all claims arising from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Agreement, or arising from any act or omission of Tenant, or any of Tenant's agents, contractors, attendees or employees and from and against all costs, attorney's fees, expenses, liabilities and other claims incurred in the defense of any such claim. Tenant upon notice from Landlord shall defend the same at Tenant's expense.
2. Losses, expenses, damages or injuries encompassed by this agreement shall include, but not be limited to, any judgement, award, settlement, attorney's fees or other costs or expenses incurred in connection with the defense of any actual or threatened action, proceeding or claim.
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 - C) This Agreement is specifically for the period of July 1st ending at 5:00 p.m. July 2nd, 2017
 - D) The Property is offered solely on an "as is" basis and Landlord makes no warranties or representations concerning the condition of the Property, or its suitability for this event use.
 - E) The Tenant will be responsible for any damage to the Property caused by the holding of this event.
4. The Tenant shall provide Landlord with proof of liability and casualty insurance prior to the holding of the event with a minimum \$1 million dollars in coverage, naming Landlord and CPSWFL as additional insureds.

WITNESSES:

[Handwritten signatures of witnesses]

WITNESSES:

[Handwritten signatures of witnesses: Kathleen Aslevin, William P. McMahon]

TENANT: SAVAGE 4X4, INC.

[Handwritten signature: David J. Hanger]

LANDLORD: WILLIAM P. MCMAHON
REVOCABLE LIVING TRUST

[Handwritten signatures: Hannah A. Pugh, William P. McMahon]

HOLD HARMLESS Savage 4 X 4 (Tenant) and William P. McMahon Revocable Living Trust (Landlord)

PAGE TWO

STATE OF FLORIDA
COUNTY OF LEE

William P. McMahon Revocable Living Trust, Martha Acker, Landlord personally known to me, or who has produced proper identification. Subscribed and sworn to before me this 12th Day of June 2017.

Notary Public Signed:

Commission Expires

12/15/18

Deborah A. Ploof



DEBORAH A. PLOOF
MY COMMISSION # FF 151868
EXPIRES: December 15, 2018
Bonded Thru Budget Notary Services