

EVENT PERMIT

Ordinance 14-15

BOCA GRANDE HEALTH CLINIC

PERMIT NUMBER: TMP2017-00189

Date(s) of Event: April 11, 2018 from 4:00pm until 9:00pm

Property Owner: LEE COUNTY

Applicant: BOCA GRANDE HEALTH CLINIC

Contact: ALISON HENDERSON

Description: Boca Grande Health Clinic 70th Anniversary Celebration with Food, Light Music, and Cocktails

Location of event: 131 135 1ST ST W/236/240 BANYAN ST/170 PARK BOCA GRANDE 33921
LEE COUNTY RIGHT-OF-WAY, 3RD ST FROM PARK AVE TO WEST RAILROAD
***941-964-9096

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

Will there be alcohol consumed or sold at the event ? Yes

Will a bond be posted for this event ? No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida

 6-30-17
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

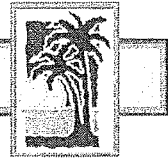
Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Health Clinic 70th Anniversary Celebration - April 11, 2018

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	Boca Grande Health Clinic 70th Anniversary Celebration
Date(s) of Event / Production:	April 11, 2018
Location(s) of Event:	3rd Street (from Park Ave to West Railroad) - In front of Health Clinic - MAP ATTACHED
Name of Applicant:	Alison Henderson - Boca Grande Health Clinic
Applicant Address:	320 Park Ave. Boca Grande, FL 33921
Applicant Phone Number:	941-964-2276
Contact Person: (If different from applicant)	Alison Henderson
Contact Phone Number: (If different from applicant)	941-964-9096
Email Address:	aahenderson@ebtfl.com
Estimated Attendance:	300
Event Description: Include each activity, when activities take place, etc.	Celebration of the clinic being open for 70 years Food, light music, cocktails - road closure
Hours of Operation:	4pm - 9pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	LEE COUNTY GOVERNMENT / DOT

*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? DOT RIGHT OF WAY

Are any temporary structures to be installed for the event? [] Yes [X] 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: TBD

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): N/A

Will Vehicles be Used as Part of This Event?

[] Yes [X] No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

[X] Yes [] No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

[X] Yes [] No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: VARIOUS ISLAND RESTAURANTS and donations

Type of Food being Served: VARIED 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 \$496,405 or proof the organization is exempt from this requirement. \$316,2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

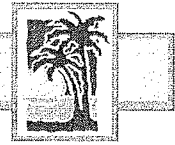
Is alcohol being sold/consumed on County Property? [X] Yes [] No

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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

N/A

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:

Empty rectangular box for providing details for marked Yes items.

Special Parking Requirements:

Empty rectangular box for special parking requirements.

City or County Services Required: (Personnel, equipment, facilities, etc.)

Empty rectangular box for city or county services required.

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



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.

Alison Henderson
Signature of Applicant

R. Lindsay
Witness

Alison Henderson, BG, Branch Manager
Print Name of Applicant and Title

Renee Lindsay
Print Name of Witness

5/9/17
Date

May 9, 2017
Date

Boca Grande Health Clinic

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 parking areas only.

Deputies (How Many?):

2 - Traffic Control

Fee for Services:

\$50/HR each

Special Arrangements:

Print Name:

Capt JD Loefgren 92149

Signature:

Capt J. Loefgren 92149

Title:

Captain

Date:

5-16-17

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?)	None
Fee for Services:	None
Flammable Vegetation:	None
First Aid Equipment:	None
Fire Extinguishing:	None
Special Arrangements:	In case of emergency - Dial 911

Print Name: C.W. Blosser
Signature: C.W. Blosser
Title: Fire Chief
Date: 05/17/2017

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
Title: Chief
Date: 05/15/2017

Digitally signed by Benjamin Abes
Date: 2017.05.15 10:24:34 -04'00'

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- SPECIAL EVENT 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.

Parking:	No parking in areas prohibited by signs.
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. Barricades w/Road Closed signs shall be erected at both ends of the block with closures at the intersections. At a minimum an advance Road Closed Ahead sign should be placed for westbound 3rd Street approaching the road closure at West Railroad as this approach has no Stop control. Barricades and traffic control devices need to be suitable for nighttime applications as stipulated in the FDOT Design Standards 600 Series.

Print Name: Bryan Miller

Signature: Bryan D. Miller Digitally signed by Bryan D. Miller
Date: 2017.06.01 13:54:09 -04'00'

Title: Senior Project Manager

Date: June 1, 2017

Health Clinic 70th Anniversary Celebration - April 11, 2018

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
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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.

Illumination:

Any additional lighting must be provided by permit holder.

Parking Areas:

Use all designated parking areas in the down town area

Special Arrangements:

- Must provide a dumpster if current Waste Management cans are not sufficient.
- Must provide insurance with Lee County BOCC being additionally insured & host liquor liability.
- If D.O.T. approves application, follow all guidelines set forth by Lee County DOT. If cones or barricades are needed for event, get with Joe Wier from Parks & Recreation at 1-239-229-0569
- All Road closures must begin at an intersection, so vehicle turn around is minimal
- 2 - Deputies must be hired for public safety

Print Name:

Alise Flayjack

Joe Wier

Signature:

Alise Flayjack

Joseph R Wier

Title:

Deputy Director

Supervisor

Date:

5/15/17

5/11/17

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
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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.

*There are no alcoholic beverages being sold or consumed on County Property. All alcoholic beverages will be sold or provided on private property.

**A renewal certificate will need to be provided prior to the event.

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 29, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/06/2017

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 Arthur Hall Insurance 101 East Chestnut Street P.O. Box 512 West Chester PA 19381-0512		CONTACT NAME: Kayce M Alford, CPCU PHONE (A/C, No, Ext): (610)698-2394 FAX (A/C, No): (610)438-9675 E-MAIL ADDRESS: kalford@arthurhall.com	
INSURED Boca Grande Health Clinic Foundation PO Box 2340 Boca Grande FL 33921-2340		INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Mutual—Harleysville NAIC # 23787H INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: Lee County '17-'18 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 VVD	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 OTHER:	Y		GL 00000059676F	03/15/2017	03/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$ 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$ \$
	<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 \$						\$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

Re: Event on 4/11/2018 from 4:00PM - 9:00PM (policy will be renewed effective 3/15/2018)

Lee County Board of County Commissioners, a political subdivision & Charter County of the State of Florida are Additional Insured on the General Liability as required by written contract in accordance with the policy provisions. (Additional Insured coverage will be endorsed effective 4/11/2018)

OK MF 06/29/17

CERTIFICATE HOLDER Lee County Board of County Commissioners PO Box 398 FL 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 <i>Kayce M. Alford</i>
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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:

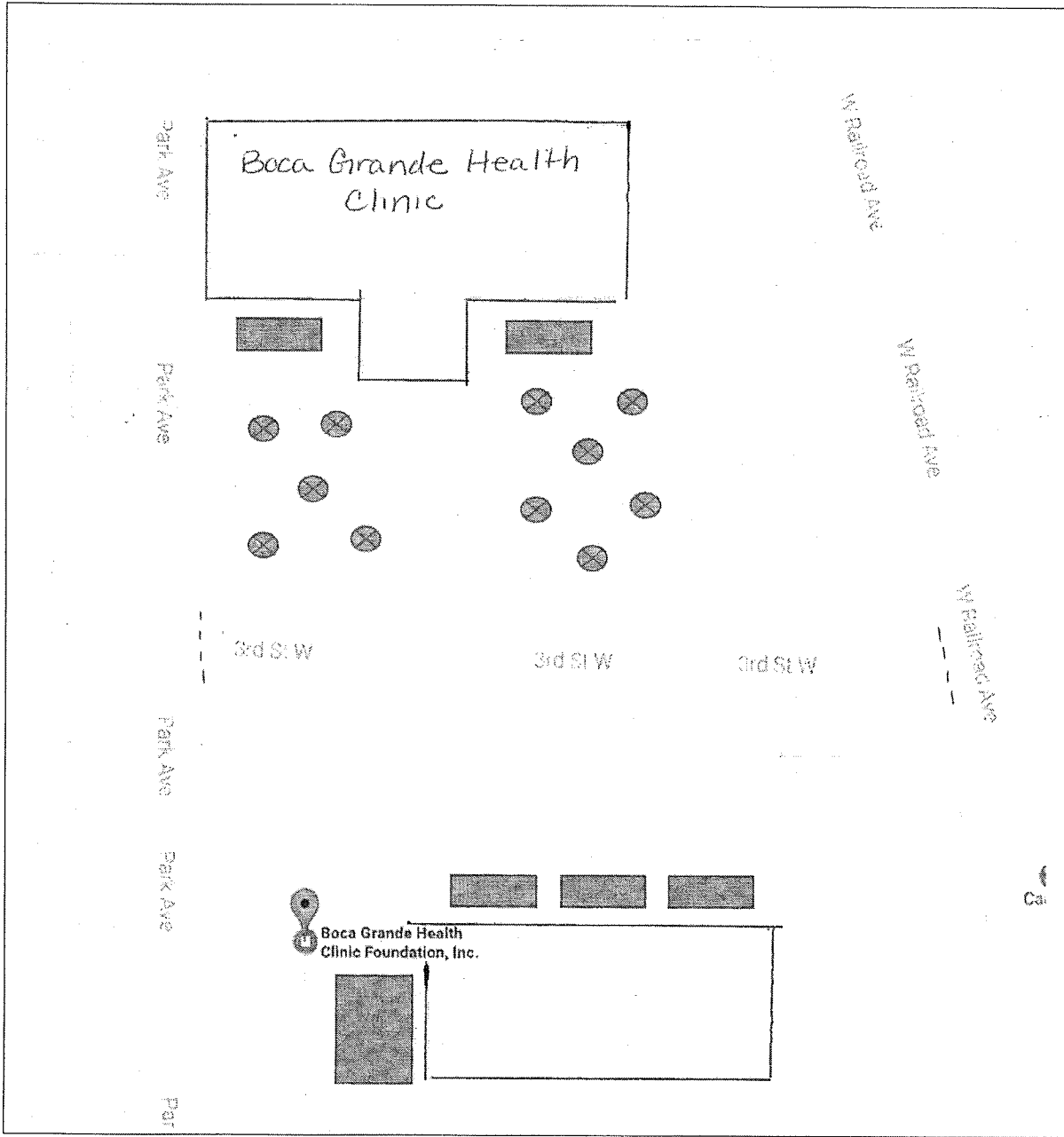
Other:


Print Name: _____


Signature: _____

Title: _____

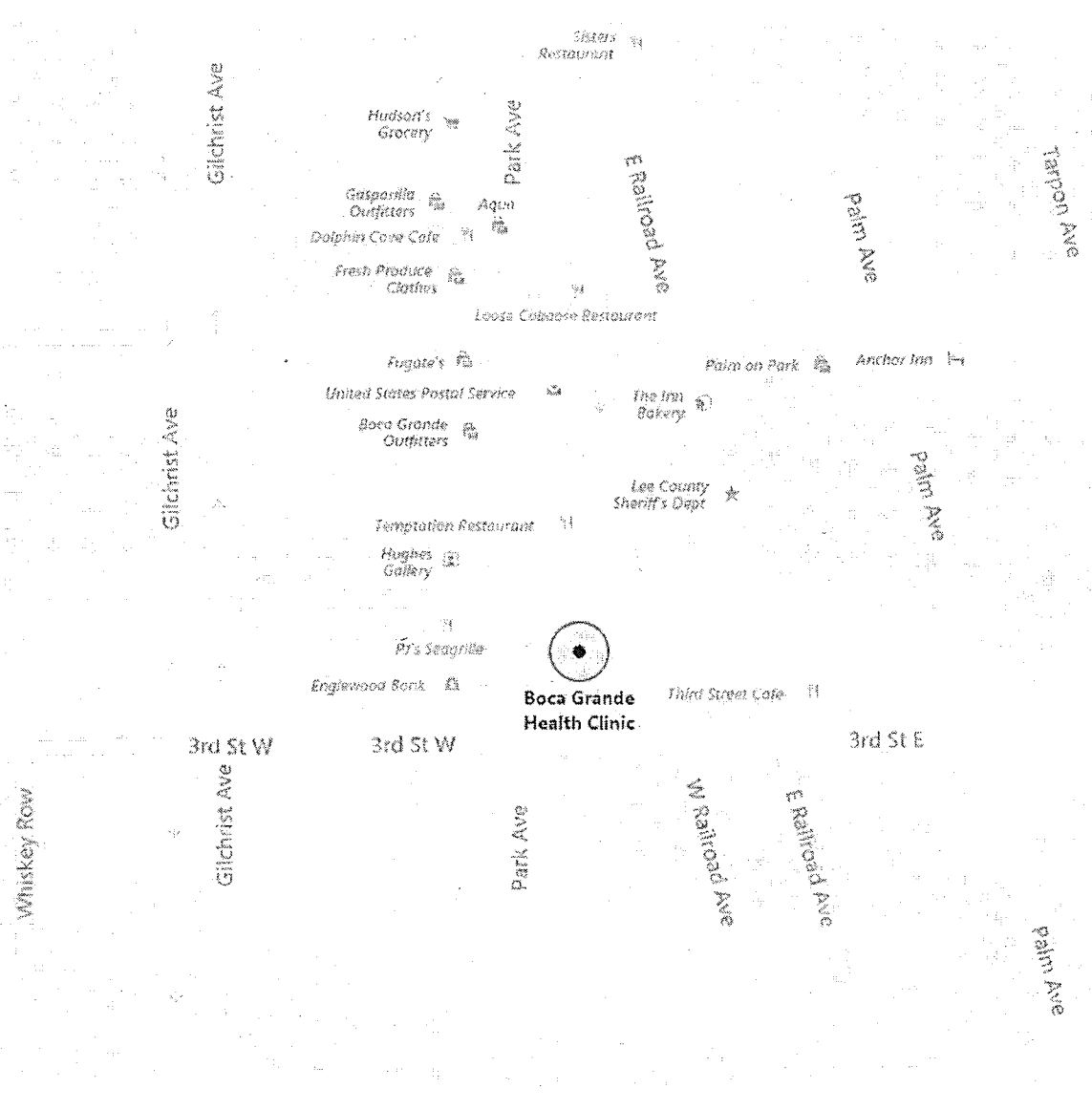
Date: _____



 = 3 Tables and 2 Bar Tables

 - Round Tables

 - BAND



Gilchrist Ave

Gilchrist Ave

3rd St W

Gilchrist Ave

3rd St W

Park Ave

Boca Grande Health Clinic

N Railroad Ave

E Railroad Ave

3rd St E

Palm Ave

Palm Ave

Palm Ave

Tarpon Ave

Hudson's Grocery

Gasparilla Outfitters

Dolphin Cove Cafe

Fresh Produce Clothes

Loosa Cubano Restaurant

Fugate's

United States Postal Service

Boca Grande Outfitters

Temptation Restaurant

Hughes Gallery

Dr's Seagrilla

Englewood Bank

Boca Grande Health Clinic

Third Street Cafe

Lee County Sheriff's Dept

The Inn Bakery

Palm on Park

Anchor Inn

Sisters Restaurant

Park Ave

E Railroad Ave

Aqua

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)	2	Total Hours	10	Rate per Hour	50/hr	Vehicle Rate	waived
Total Cost for Detail	\$500.00						
Vender Signature	<u>Allison Henderson</u>			Date	<u>6/2/17</u>		



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>Boca Grande Health Clinic</u>		
Street: <u>320 Park Ave</u>		
City: <u>Boca Grande</u>	State: <u>FL</u>	Zip Code: <u>33921</u>
Business Contact: <u>Alison Henderson</u>		Phone: <u>941-964-2276</u>
Email Address: <u>aahenderson@ebtfl.com</u>		
Event Information		
Detail Location: <u>3rd street in front of Health Clinic</u>		
Street: <u>3rd Street from Park Ave to West Railroad</u>		
City: <u>Boca Grande</u>	State: <u>FL</u>	Zip Code: <u>33921</u>
Contact During Event: <u>Alison Henderson</u>		Phone: <u>941-964-2276</u>
Event Date: <u>April 11, 2018</u>		Event Time: <u>1600 - 2100</u>
Anticipated Crowd Size : <u>300</u>		Type of Event: <u>traffic control</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 type="checkbox"/>	Traffic <input checked="" 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: 2 deputies for traffic control to close road for event. Clean up must be completed by 2100 hours for road to be reopened.		

