

## **EVENT PERMIT**



Ordinance 14-15

#### FESTIVAL LATINO

**PERMIT NUMBER:** 

TMP2017-00207

Date(s) of Event:

August 13, 2017 from 2:00pm until 10:30pm

Property Owner:

FISCHER FL PROPERTIES

Applicant:

MIAMI STYLE PRODUCTIONS

Contact: YENLYS RAGA

Description:

DJ Performance and Live Bands

Location of event:

9501 THUNDER RD FORT MYERS 33913

SIX-BENDS HARLEY DAVIDSON/TOP ROCKER FIELD/\*\*\*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

County Manager

Date



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **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

	The state of the s
Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	Farruko Concert. / Festival Jakno
Date(s) of Event / Production:	08-13-17
Location(s) of Event:	SIX Bands Fl Hyers 9501 Thunder
Name of Applicant:	Miami Style Promotions.
Applicant Address:	MiamiStyle Promotions. 1716 4378 st sw. Naples Fl 34116.
Applicant Phone Number:	7863065321
Contact Person: (If different from applicant)	Yenlys Raga.
Contact Phone Number: (If different from applicant)	
Email Address:	info@miamistyle productions.com.
Estimated Attendance:	1000 _
Event Description: nclude each activity, when activities take place, etc.	DJ Performance. Jul Bands.
lours of Operation:	2:00 PM - 10:30 PM.
TRAP # of Parcel:	2245251340000010/20/20
wner of Premises*:	Fischer Florida Properties 1, LLC

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for	r allpermit types:	
What is the Zoning Classification of the	e premises? MPD	
Are any temporary structures to be in		Type:
Do you have the appropriate permits t		r Yes r No
	inty Property' permit, submit a site plan w	
Insurance Company Insuring the Even		· ·
Note: Certificate of Insurance must be submitted		
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?
XYes No	X Yes No	XYes   No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	Food Trucks.	
Type of Food being Served:	varies by Lew	*
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event:	and a confirmation of the same	er server i er i Meneri grane graneser i er eller grane er gjenne er eglettenge gjennet
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 numb	per:	
(Proof of registration with the Dept. of Agriculture & C	onsumer Services \$490,405 or proof the organization is	exempt from this requirement, \$315,2045)
Section III - SALE/CONSUMPTION	ON OF ALCHOLIC BEVERAGES PE	RMIT
Is alcohol being sold/consumed on Count If Yes, then a "Lee County Alcohol Permit" is required. O		XYes   No
Non-profit certificate/registration number (Required if alcohol is to be <u>SOLD</u> at the event)		
Please note: A permit from the State of Florida Di	vision of Alcoholic Beverages and Tobacco may als	o be required; please call (239) 344-0885 for

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further details





# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie	ction (choose all the or Special		Series / Pilot		TV Commercial	Still Photos	
		-	ustrial / Documentary	r	Other:	1	
	e following be neede						
	Street Closure				☐ Yes —	No	
	Traffic / Crowd Con	trol			□ Yes □	No	
	Fire or Burning			•	┌ Yes ┌	No	
	Explosives or Pyrote	chnics			⊤ yes ⊤	No	
	Animals, Large or Si	nall			T/Yes T	No	
	Construction of Any	Kind			Yes F	No	
	Large and/or Nume	rous Veh	icles	1	Yes F	No	
	Helicopters, Boats,	etc.			┌ Yes ┌	No	
	Stunts		,	/	┌ Yes ┌	No	
	Other				r Yes r	No	
pecial Parki	ng Requirements:			***************************************			-
<del></del>		······································					
			<i>[</i>				
ty or Coun	ty Services Required	l: (Persyl	mel, equipment, faciliti	es, et	:.)		
e following	z information is requ	ured for i	ocal and state records	on ord	duction in Florida	to track the econor	nië impact
e industry.	If exact figures are	not avail	able, please estimate as	s close	ly as possible.	to dack the econor.	ine iiiihact
umber in Ca	st:		Number in Crew:		Number of I	anale bloods	
	· - /-					ocas meu:	
otal budget:			Estimate amount sper	nt in Le	e County:		
otel room ni	ghts:		Number of shooting d	lays:			
	number of rooms x n	umbernfni					~~~

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#### 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, amission 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.

Signature of Applicant

Print Name of Applicant and Title

Print Name of Witness

3-26-17.

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

Check the appropri	ate box(es) below:
	ENT PERMIT
☐ USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	In authorized parking areas only.
Ü	
Deputies (How Many?):	Two deputies for traffic at Jetport 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
Special Arrangements.	
	Print Name: Cantain I Loethen
	The state of the s
	Signature: Caft. Jan 92/49
	Title: Special Events, Permits and Details
	Date: 8.1-17



#### 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 appropr	iate box(es) bei	low:	•	
SPECIAL E	VENT PERMIT		·	
USE OF CO	DUNTY PROPERTY	PERMIT		
☐ FILM PERM	ЛIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENTS ENT.	S YOUR ORGANIZATION
Fire Guards (How Many?)	2 certified crowd m	anagers		·
Fee for Services:	\$55.00 inspection for	ee per tent over 900 square	≘ feet.	
Flammable Vegetation:	cleared from aroun	d tents		
First Aid Equipment:	call 911 as needed			3
Fire Extinguishing:			nd on stage. food trucks and coc ay from tents and secured as to	
Special Arrangements:	239-433-0080	like to arrange medical co	verage for this event contact Div	vision Chief Rogers at
	Print Name:	James Tanner		
	Signature:	James Tanner	Digitally signed by James Tanner  Discretizations are shown and Fire Classics, our-Fire Marshal, email-planner Sounds, on-South Trail Fire Classics, our-Fire Marshal, email-planner desounderables, on-Sounds, out-Sounds, ou	
	Title:	Fire Marshal, South Trail F	ire District	
	Date:	Jul 27, 2017		_



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

Check the appropri	ate box(es) belo	w:	
SPECIAL EV	'ENT PERMIT		
USE OF CO	UNTY PROPERTY P	ERMIT	
FILM PERM	1IT		
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOU WITH FOR THEIR EVENT.	OUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precau	utions necessary.	
Fee for Services	Not applicable.		
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To arrange special event coverage	e, contact our office at
	Print Name:	Benjamin Abes	
	Signature:	Benjamin Abes Digitally signed by Benjamin Abes Date: 2017.07.28 10:53:33 -04'00'	
	Title:	Chief	
	Date:	07/28/2017	



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

Check the appropri	ate box(es) bel	low:
hanni	UNTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY 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	l means of ingress and egress.
Special Arrangements:	Use Lee County Sh	neriff's Office for assistance with traffic control as needed.
	Print Name:	
	Signature: Title:	Bryan D. Miller Date: 2017.08.02 10:38:41 -04'00'  Senior Project Manager
	Date:	August 2, 2017



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

Check the appropria	ite box(es) below:
SPECIAL EVI	ENT PERMIT
<u> </u>	JNTY PROPERTY PERMIT
☐ PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERM	IT ·
AETED DEVIEWANG THE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION
	ICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	N/A
	/*/^
Parking Areas:	N/A
•	
Special Arrangements:	Event not on Lee Country Parks : Recreation Property
	Event not on Lee Country Parks : Recreation Poperty and will not affect parks operations or programs.
	•
-	
· .	Print Name: Alice Flance
	THISE FROM TOLL
	Signature: And Hyack
	Title: Deputy Director
r	Date: 8/2/17
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1 Bench	\$ /12/19
Festival latino	Page  10
TESTIVEL WHIND	



# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropria	te box(es) bei	low:	
SPECIAL EVE	NT PERMIT		
USE OF COU	NTY PROPERTY	PERMIT	
, ·		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERMIT		. *	
	,		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIVELY WITH FOR THEIR EVENT.	NOIT
Insurance Requirements:	occurrence to pr	neral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect against bodily injury and/or property damage relative to applicants use of event within Lee County.	r
Special Arrangements:		nsurance shall be submitted as evidence of the required coverage listing Lee Cour Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as ed.	
	Subject to proof	of insurance.	
	Print Name:	Mike Figueroa	
	Signature:	7	
	Title:	Risk Program Manager	
	Date:	August 2, 2017	

	9 0
<b>ACOR</b>	Ď

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2017

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(les) 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). CONTACT Regina Alvarez PRODUCER PHONE (A/G, No, Ext): (305) 266-8195 E-MAIL ADDRESS: regina@garcialorenzo.com FAX (A/C, No): (305) 262-2050 Garcia Lorenzo & Associates 6527 Coral Way NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: COVINGTON SPECIALTY INS CO 13027 FL 33155-1843 Miami INSURED INSURER B: DIMENSION EVENTS CENTER LLC INSURER C: 2634 TAMIAMI TRAIL EAST INSURER D: NAPLES, FL 34112 INSURER E : INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence X COMMERCIAL GENERAL LIABILITY \$ 100,000 CLAIMS-MADE X OCCUR \$ 5,000 MED EXP (Any one person) \$ 1,000,000 07/27/2017 07/27/2018 PERSONAL & ADV INJURY γ VBA556335 s 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: s 2,000,000 X POLICY PRO-PRODUCTS - COMP/OP AGG משונים: COMBINED SINGLE LIMIT s AUTOMOBILE LIABILITY | 5 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAS ÓCCUR AGGREGATE EXCESS LIAS CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)

Lyang Mexiciple Hodge STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF CPEPATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Venue for private events - weddings, birthdays, showers etc... \*Certificate Holder is listed as Additional Insured with respects to the General liability Policy. Coverages are subject to the terms, conditions, exclusions and deductibles as shown in the policy. OK MF 08/02/17 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners AUTHORIZED REPRESENTATIVE 2120 MAIN STREET FT MYERS, FL 33901

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#### 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:

# FISCHER FLORIDA PROPERTIES, LLC 9510 Thunder Road Fort Myers, FL 33913 239.275.4647

July 20, 2017

#### Re: Lee County Event Application

fam the property owner for Six Bends Harley-Davidson & Top Rocker Field located at 9501Thunder Road, Fort Myers, FL 33913. Miamistyle Promotions Corp will be holding the Latin Live Concert event on August 13, 2017.

This event will be held at Six Bends Harley-Davidson and The Plaza at Top Rocker Field.

Restroom facilities will be provided. I have given my permission for this event.

Sincerely,

Jeffery Scott Fischer

Property Owner

Sworn and subscribed before me this Ath day of Tuly, 2017 by Jeffery Scott Fischer, who is personally known to me.

Lucia Sherman

Notary Public

State of Florida

LUCIA SHERMAN
Notary Public - State of Florida
Commission # FF 236359
My Comm. Expires Sep 26, 2019
Bended through National Netary Assn.













