

# **EVENT PERMIT**



Ordinance 14-15

# SHAFFER/PURSE WEDDING

**PERMIT NUMBER:** 

TMP2017-00209

Date(s) of Event:

December 2, 2017 between 9am-11:59pm

Property Owner:

LEE COUNTY

Applicant:

SUSAN SHAFFER

Contact: SUSAN SHAFFER

Description:

Private Wedding Reception, Dinner, Dancing, Music

Location of event:

131 135 1ST ST W/236/240 BANYAN ST/170 PARK BOCA GRANDE 33921

LOUISE DUPONT CROWNINSHIELD HOUSE/\*\*\*941-964-2305

Will the event be attended by 1000 or more people?

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?

#### 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:

- F SPECIAL EVENT PERMIT
- ▼ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SECULARIX CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	SHAFFER / PURSE WEDDING RECEPTION
Date(s) of Event / Production:	FRIDAY 12/1/17 AND SATURDAT 12/2/17
Location(s) of Event:	LOISE DUPONT CROWNINSHIELD HOUSE IN BOCA GRANDE
Name of Applicant:	SUSAN SHAFFER
Applicant Address:	P.O. BOX 292 BOCA GRANDE, FL 33921
Applicant Phone Number:	941-964-2305
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	sbr9@comcast.net
Estimated Attendance:	100 GUESTS
Event Description: Include each activity, when activities take place, etc.	PRIVATE WEDDING RECEPTION, DINNER, DANCING, MUSIC Set-up on 12/1/17 and morning of 12/2/17 Reception to be held late afternoon and evening on 12/2/17
Hours of Operation:	Friday 9a - 5p, Saturday 9a - 11:59p
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	LEE COUNTY GOVERNMENT

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



## Fill out the following questions for all permit types:

What is the Zoning Classification of	the premises? PUBLIC FACILITY	
Are any temporary structures to be	installed for the event? Tyes 🔀 No	Туре:
Do you have the appropriate permit	s for the temporary structures?	⊤ Yes ┌ No
* For a 'Special Event' and 'Use of C indentified, including all parking are	ounty Property' permit, submit a site plan w as.	ith all proposed facilities and activities
Insurance Company Insuring the Eve	ent: Italiano insurance	
Note: Certificate of Insurance must be subn	nitted at time of application	
Surety Company Bonding this Event	(Name and Address): N/A	
Will Vehicles be Used as Part of Th Event?	is Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
⊤ Yes	▼ Yes	▼ Yes 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:	Nellies from Sarasota	
Type of Food being Served: RECEPT	ON FOOD	
Section II - USE OF COUNTY Organization Sponsoring the Event:		
	for Solicitation in the County Rights-of-Wa	V:
Name of Charity:	, , , , , , , ,	•
Address of Charity:		
Phone Number:		
Non-profit certificate/registration n	umber:	
(Proof of registration with the Dept. of Agricultu	re & Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUM	PTION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being xxiv/consumed on C	County Property? CONSUMED ONLY red. Only non-profit organizations can sell alcohol on Count	γ 🔯 Yes No y Property.
Non-profit certificate/registration n (Required if alcohol is to be <u>SOLD</u> at the event)	umber:	Market Control of the
Please note: A permit from the State of Flor further details	ida Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT N/A

TV Movie o	or Special	Γ.	TV Series / Pilot	Γ	TV Comme	ercial		Still Pr	iotos	
Public Serv	ice Announcement	Γ	Industrial / Documentary	Г	Other:					
ill any of the	following be neede	d or	included*?							
	Street Closure				☐ Yes	Г	No			
٦	Fraffic / Crowd Cont	rol			Yes	Γ	No		-	
· · · · · · · · · · · · · · · · · · ·	Fire or Burning				Yes	Г	No			
E	Explosives or Pyrote	chni	ics		Yes		No			
A	Animals, Large or Sn	nall			「 Yes	Г	No			
(	Construction of Any	Kind	1		Yes	F	No			
Ĺ	arge and/or Numer	ous	Vehicles		Yes	Г	No			
H	Helicopters, Boats, e	etc.			T Yes	Γ.	No			
S	Stunts				☐ Yes	Γ	No			
(	Other				Yes	F	No			
		***************************************								
Special Parkiı	ng Requirements:									
		: (P	ersonnel, equipment, facili	ties, el	.c.)					
		i: (P	ersonnel, equipment, facili	ties, et	.c.)					
City or Count	ty Services Required	uirec	ersonnel, equipment, facili for local and state records available, please estimate a	on pr	oduction in			ack the	econon	nic impa
City or Count  The following the industry.	ty Services Required g information is requ If exact figures are	uirec	l for local and state records	on pr	oduction in lely as possib	Florida ole.	to tr	ack the	econon	nic impa
City or Count  The following the industry.  Number in Cas	ty Services Required g information is requ If exact figures are	uirec	l for local and state records available, please estimate a	s on pr as clos	oduction in ely as possib Num	Florida ole.	to tr		econon	nic impa
City or Count  The following the industry.	ty Services Required g information is requ If exact figures are	uirec	d for local and state records available, please estimate a Number in Crew:	s on pr as clos	oduction in ely as possib Num	Florida ole.	to tr		econon	nic impa

#### **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.

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J Y G	Softwar
Signature of Applicant	Withess
533AJ SHAFFER	Joseph Rwer
Print Name of Applicant and Title	Print Name of Witness
7/5/17	7/5/17
Date	Date



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

Check the appropri	ate box(es) be	rlow:
☐ SPECIAL EV	'ENT PERMIT	
▼ USE OF CO	UNTY PROPERT	Y PERMIT
		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, LICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in author	orized areas only.
Deputies (How Many?):		
Fee for Services:	-	
,		
Special Arrangements:	Alcoholic bevera	ages must stay within the confines of the event area.
marata da de la casa d		
	Print Name:	Captain J. Loethen
	Signature:	Capt 1 Lother 92149
	Title:	Special Events, Permits and Details
	Date:	7-13-17



#### 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	appropriate	box(es)	below:
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T SPECIAL EVENT PERMIT

IX 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?)	no dipodelessa anticaj	None	
Fee for Services:	***************************************		
		None	
Flammable Vegetation:			
		None	
First Aid Equipment:			
The second secon		N	
		None	
Fire Extinguishing:		enterent in the companies of the compani	
A Parameter Control of the Control o			
		None	
Special Arrangements:			
a savespy			
e este en este este este este este este		In case of emergency - Dial 911	
*			
	Print Name:	C.W. Blosser	
	Signature:	CAC-	-
	Tie.	Fire Chief	
	Date:	07/06/2017	

Page 7



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

Check the appropriate box(es) below:

J SPECIAL E	VENT PERMIT			
▼ USE OF C	OUNTY PROPERTY	PERMIT		
FILM PER	MIT			
AFTER REVIEWING THI WILL REQUIRE THE APP	E APPLICATION, P	LEASE INDICATE BELOV LY WITH FOR THEIR EVE	W WHAT ARRANGEMENTS INT.	YOUR ORGANIZATION
Treatment Facilities:	None necessary.			
		en e		
Medical Personnel:	None necessary.			
•	And the state of t	·		
Medical Supplies / Equipment:	None necessary.		an a thurs and the digital school	
			· · · · · · · · · · · · · · · · · · ·	
Safety Requirements:	No additional preca	utions necessary.		
		· · · · · · · · · · · · · · · · · · ·		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. T	o arrange special event coverag	e, contact our office at
		to the second and are second as	er en	en de sum en
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.07.07 16:47:47 -04'00'	
	Title:	Chief		-
	Date:	07/07/2017		•
				•



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

Check the appropriate box(es) below:

	VENT PERMIT DUNTY PROPERT	Y PERMIT		
	o sell and con		ERAGES WITHIN LEE COUN	TY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, PLICANT TO COM	PLEASE INDICATE BELO PLY WITH FOR THEIR E	OW WHAT ARRANGEMEN' VENT.	TS YOUR ORGANIZATION
Parking:	Park in designated prohibited.	d areas. No event parking o	n Lee County maintained road	rights-of-way where parking
Ingress and Egress:	Use all established	d means of ingress and egre	25S.	
Special Arrangements:	None.			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.07.17 14:22:19 -04'00'	
	Title:	Senior Project Manager		<u>.</u>
	Date:	July 17, 2017		<u>.</u>

# Shaffer / Purse Wedding Reception on 12/2/17 at the Louise DuPont Crowninshield-House

# Lee County Event Permit Application

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

Check the appropriate box(es) be	low:
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- T 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:			
	No open flames a	loud on premises. Any additional (f	ghting must be provided by permit holder.
Parking Areas:		A A A A A A A A A A A A A A A A A A A	
	Use Community I	louse parking lot and existing parki	ng at the Boca Grande Community Park and Center
pecial Arrangements:	-Must provide insuguidelines set fort -Alcohol must be de- - Lee County Park	rance with Lee County BOCC being h by the Loise DuPont Crowninshie contained inside of the Louise DuPon	ont Crowninshield House.
		The second of th	
	Print Name:	Alist Flangek	Joe Wier
	Sīgnature:	Alse Flairch	Joseph R Wier
	Title:	Deputy Director	Supervisor
	Date:	JULY 10, 2017	7/5/17



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

Check the appropria	ite box(es) b	elow:	
C SPECIAL EVI	ENT PERMIT		
☑ USE OF COU	JNTY PROPERT	Y PERMIT	
☐ PERMIT TO ☐ FILM PERMI	CON	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	TY FACILITIES
AFTER REVIEWING THE APPLI	APPLICATION, CANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENT IPLY WITH FOR THEIR EVENT.	'S YOUR ORGANIZATION
Insurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One Million protect against bodily injury and/or property damage relatived devent within Lee County.	Dollars (\$1,000,000) per re to applicants use of
	(\$1,000,000) pe	t Liquor Liability insurance will be required with minimum is roccurrence. Should Host Liquor Liability coverage be affor policy, minimum acceptable limits will be Two Million Dol	rd under the Commercial
Special Arrangements:	A Certificate of I Board of County additional insur	nsurance shall be submitted as evidence of the required co r Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the e ed.	verage listing Lee County Certificate holder and as an
	Subject to proof	f of insurance.	
	Print Name:	Mike Figueroa	·
	Signature:	7	•
	Title:	Risk Program Manager	
	Date:	July 28, 2017	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 PRODUCER ITALIANO INSURANCE SVCS INC CONTACT NAME: 441 PALM AVE PHONE (A/C, No, Ext) 9419640400 FAX (A/C, No) (409) 722-2905 **BOCA GRANDE, FL 33921** F-MAII 9419640400 ADDRESS INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: United States Fire Insurance INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND 21113 ITS PARTICIPATING MEMBERS INSURERA -INSURER C : Thomas & Susan Shaffer P O Box 292 INSURERD: Boca Grande, FL 33921 INSURER F : INSURER F COVERAGES CERTIFICATE NUMBER: USS352451 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. R. TYPE OF INSURANCE AFOLICY SUCH POLICY NUMBER POLICY EFF (MANIDDAYYYY) (MANIDDAYYYY) LIMITS X COMMERCIAL GENERAL LIABILITY GENERAL AGGREGATE \$1,000,000.00 PRODUCTS - COMPACE AGG \$1,000,000.00 CLAIMS MADE X occur PERSONAL & ADV INJURY Д \$1,000,000.00 12/01/2017 12/04/2017 SRPG-101-0717 EACH OCCURRENCE 12:01 AM 12:01 AM \$1,000,000.00 GEVL AGGREGATE LIMIT APPLIES PER: FIRE DAMAGE (Any one fire) \$300,000.00 MED EXP (Any one person) \$0.00 POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIGHT (Ea accident) ANY AUTO S BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS \$ BODILY INJURY (Per accident) HIRED AUTO NON-OWNED AUTOS S PROPERTY DAMAGE S UMBRELLA LIAB OCCUR EACH OCCURRENCE

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

The Certificate holder is added as an additional insured but only with respect to liability arising out of operations of the named insured during the policy

Covered Activity: Wedding

EXCESS LIAB

RETENTION S

050

CLAMS-Menr

Host liquur is included. CERTIFICATE HOLDER DL M 01/21/17

	OMOLLLATION
Lee County Board of County Com missioners P O Box 398 Fort Myers, FL 33902	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
	Italiano Insurance Sves Inc

CANCELL ATION

ACORD 25 (2010/05) v141120.001

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AGGREGATE

EACH OCCURRENCE

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GENERAL AGGREGATE

GENERAL AGGREGATE

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