

EVENT PERMIT



Ordinance 14-15

HOWELL WEDDING

PERMIT NUMBER:

TMP2017-00221

Date(s) of Event:

Dinner will be 5:30pm-8pm 10/6/2017, Breakfast will be 8am-10am

10/7/2017

Property Owner:

LEE COUNTY

Applicant:

MARTA HOWELL

Contact: MARTA HOWELL

Description:

Wedding rehearsal dinner, continental breakfast

Location of event:

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

CROWNINSHIELD COMMUNITY HOUSE/***717-201-2038

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 Da

8-16-17



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the	appropriate	box(es)	below:
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SPECIAL EVENT PERMIT

SE USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

CENTED AT INICO	DRMATION (All Permit Types)
ection I - GENERAL INFO	ANIPATION
tle of Event / Name of roduction	Howell Wedding
ate(s) of Event / roduction:	10/6/17, 10/7/17, XXXX
ocation(s) of Event:	Crowninshield Community House
Name of Applicant:	Marta Howell
Applicant Address:	2244 Oleada Court Englewood, Florida 34224
Applicant Phone Number:	717-201-2038
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	martabhowell@gmail.com
Estimated Attendance:	50
Event Description: include each activity, when activities take place, etc.	
	dinner will be 5:30-8:00pm; breakfasts will be 8:00-10:00am on Fri.
Hours of Operation:	14432001000050010
STRAP # of Parcel: Owner of Premises*:	Lee County Government

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types: What is the Zoning Classification of the premises? Park/Public Facility Are any temporary structures to be installed for the event? These IX No Type: Mo No Yes Do you have the appropriate permits for the temporary structures? * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities indentified, including all parking areas. Insurance Company Insuring the Event: Thaliano Tusuronce Sucs. Tuc Note: Certificate of Insurance must be submitted at time of application Surety Company Bonding this Event (Name and Address): Will Alcoholic Beverages be Will Food be Available at this Event? Will Vehicles be Used as Part of This served/consumed at this Event? Event? ┌ No X Yes [No X Yes X No T Yes If yes, liquor liability coverage must be If yes, products liability coverage must be If yes, automobile coverage must be included on the certificate of insurance. included on the certificate of insurance. included on the certificate of insurance. Name & Address of Organization Providing Food: Type of Food being Served: 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) eren i est nighten men medde somme byrandra bid ei i eg annyn ag y graf (farting) a Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT ☐ No Is alcohol being sold/consumedon County Property? 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: n/a (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





ection IV - FILM / VIDEO / PHOTOGRAPHY PERM	AIT	N/	A		
pe of Production (choose all that apply): TV Movie or Special TV Series / Pilot Public Service Announcement Industrial / Documentar		TV Commer	cial [Si	till Photos	
Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other * For any marked Yes, provide further details below:		Yes	No		
Special Parking Requirements:	·	Was distance of the same of th			
City or County Services Required: (Personnel, equipment,					
The following information is required for local and state re the industry. If exact figures are not available, please esti	ecords on mate as c	production losely as pos	in Florida to ssible. Number of loc		mic impact
Number in Cast: Total budget: Estimate amo	-				
Hotel room nights: Number of sl	nooting da	ys:			

Page 3

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.

Signature of Applicant	Withers With
Marka B. Havell Print Name of Applicant and Title	JOSEPHR. WIER Print Name of Witness
7/28/2017	7 28 17 Date



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

Check the appropria	e box(es) below:	
F SPECIAL EVE	NT PERMIT	
USF OF COU	NTY PROPERTY PERMIT	
	ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM		
,		
AFTER REVIEWING THE WILL REQUIRE THE APPL	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.	N
Parking:	arking In authorized areas only.	
Deputies (How Many?):	one	
Fee for Services:	none	
Special Arrangements:	Alcoholic beverages must remain within the confines of the event area.	
•	Print Name: Captain J. Loethen	
	Signature: Light Joefflow 92149	
	Title: Special Events, Permits and Details	
	Date: 8-8-17	



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 appropriat	te box(es) beloi	w:
SPECIAL EVE		
TX USE OF COU	nty property p	ERMIT
FILM PERMI	Γ	TO COLUMN TO THE
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, PLE ANT TO COMPLY	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION 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:		
and the second s		In case of emergency - Dial 911
Et qui de la companya		
	Print Name:	C.W. Blosser
	Signature:	(36
	Title:	Fire Chief
	Hite:	Fire Chief
	Date:	08/04/2017



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

Check the appropriate	e box(es) below:			
SPECIAL EVEN	NT PERMIT	ALT:		
	NTY PROPERTY PERM	AIT		
FILM PERMIT	-		LAT ADDANGEMENTS YOU	JR ORGANIZATION
AFTER REVIEWING THE A	PPLICATION, PLEAS CANT TO COMPLY W	E INDICATE BELOW WI ITH FOR THEIR EVENT.	HAT ARRANGEMENTO	
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precauti	ons necessary.		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To	arrange special event coverage	, contact our office at
		<u> </u>	A REAL CONTROL OF THE	
	Print Name:	Benjamin Abes		-
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.08.07 08:43:16 -04'00'	-
	Title:	Chief		-
	Date:	08/07/2017		



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

FILM PERMIT	NT PERMIT NTY PROPERTY PI SELL AND CONSUM T	ERMIT ME ALCOHOLIC BEVERA FASE INDICATE BELOW	AGES WITHIN LEE COUNTY F WHAT ARRANGEMENTS N	
Parking:	Park in designated a	reas. No event parking on (County roads.	
raiking.				
	SE 0 8			
Ingress and Egress:	Use all established r	neans of ingress and egres	S.	
· ·				
			,	
Special Arrangements:	None.	3		
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	- ,			
,				The second secon
	management of the case		eer in announce (in terms) - community () () () () () () () () () (
,	Print Name:	Bryan Miller		-
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.08.10 14:40:40 -04'00'	e. s
	Title:	Senior Project Manager		
	*	August 10, 2017		
	Date:		. 8	,
F .				



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

Check the approprie	ate box(es) belo	w:		
☐ SPECIAL EV	ENT PERMIT			
⊠ USE OF CO	UNTY PROPERTY F	PERMIT		
PERMIT TO	SELL AND CONSU	IME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY F	ACILITIES
☐ FILM PERM	IIT .			
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PL LICANT TO COMPI	EASE INDICATE BELO	W WHAT ARRANGEMENTS Y	OUR ORGANIZATION
Illumination:	Additional lighting	must be provided by perm	nit holder. Open flames are prohib	pited
Parking Areas:	Parking is permitted	d in existing parking areas	located at the Boca Grande Comn	nunity Park and grounds.
Special Arrangements:	All trash must fit int	o two 90 gallon garbage o	containers provided by the Comm	unity House.
, , , , , , , , , , , , , , , , , , ,	Must provide insura	ance with Lee County BOC	C being additionally insured and a vninshield House representative.	
	Alcohol must be co	ntained inside of the Loui	se DuPont Crowninshield House.	
	Print Name:	Alise Flanjack	Joe Wier	
	Signature:	Joseph R. Wier	Olgitally signed by Joseph R. Wier Date: 2017.07.28 16:31:40 -04'00'	
	Title:	Deputy Director	P&R Supervisor	
	Date:	8/3/17	7/28/17	
•				

Page |10

Hewell Event 10/2 10/7 Book - Comminsheld House



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

Cneck the appropriat	e boxles) bei	iow.	
SPECIAL EVE SE USE OF COU SE PERMIT TO S FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
AFTER REVIEWING THE AWILL REQUIRE THE APPLIC	APPLICATION, F CANT TO COMI	PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
insurance Requirements:	occurrence to pu aforementioned In addition, Host	neral liability insurance with minimum limits of One Million E rotect against bodily injury and/or property damage relative I event within Lee County. It Liquor Liability insurance will be required with minimum li Foccurrence. Should Host Liquor Liability coverage be affor Poolicy, minimum acceptable limits will be Two Million Dolla	to applicants use or mits of One Million Doliars dunder the Commercial
Special Arrangements:	A Certificate of I Board of County additional insur Subject to proof		verage listing Lee County ertificate holder and as an
	Print Name: Signature: Title:	Mike Figueroa Risk Program Manager	
	Date:	August 3, 2017	•



CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 resulting to helder in lieu of such and resument(s).

to the certificate holder in ileu of such	h end	orse	ment(s).					-	
PRODUCER	******			CONTACT NAME:					
ITALIANO INSURANCE SVCS INC 441 PALM AVE				PHONE (A/C, No, Ext):	9419640400	FAX (A/C, No):	(409) 7	22-2905	
BOCA GRANDE, FL 33921				E-MAIL ADDRESS:					
9419640400				INSURER(S) AFFORDING COVERAGE			NAIC#		
				INSURER A:		es Fire Insurance		21113	
INSURED SPORTS AND RECREATION PROV	IDERS	ASSOC	CIATION (PURCHASING GROUP) AND	INSURER B:	Offices over				
ITS PARTICIPATING MEMBERS:	10 2110	,,,,,,,,,,		INSURER C:					
Marta B Howell									
2244 Oleada Ct			N.	INSURER D:					
Englewood, FL 34224				INSURER E :					
				INSURER F:					
COVERAGES CEI	RTIFI	CATI	E NUMBER: USS347645			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY THIS CERTIFICATE MAY BE ISSUED OF TERMS, EXCLUSIONS AND CONDITIONS	REQ R MA OF S	UIREN Y PEI UCH I	MENT, TERM OR CONDITION C RTAIN, THE INSURANCE AFFOI POLICIES. LIMITS SHOWN MAY I	RDED BY THE P NAVE BEEN REDU	OLICIES DESC CED BY PAID	CRIBED HEREIN IS SUBJE			
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<u></u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
GENERAL LIABILITY						GENERAL AGGREGATE		0,000.00	
X COMMERCIAL GENERAL LIABILITY			IAT.			PRODUCTS - COMPIOP AGG		0,000.00	
CLAIMS-MADE X OCCUR				10/06/2017	10/07/2017	PERSONAL & ADV INJURY	-	0,000.00	
A	Х		SRPG-101-0717	12:01 AM	12:01 AM	EACH OCCURRENCE	-	0,000,00	
						FIRE DAMAGE (Any one fire)	-	00.00	
GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$0.00		
X POLICY PRO- LOC						COMBINED SINGLE LIMIT			
AUTOMOBILE LIABILITY						(Es scrident) BODILY INJURY (Per person)	\$		
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS AUTOS				8		PROPERTY DAMAGE	\$		
HIRED AUTO AUTOS						(Per accident)	-		
						EACH OCCURRENCE	\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$									
						EACH OCCURRENCE	\$		
						GENERAL AGGREGATE	\$.,	
						EACH OCCURRENCE	\$		
						GENERAL AGGREGATE	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Lee County BOCC, a political subdivision & Charter County of the State of Florida are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period. Covered Activity: Wedding Host Liquor is included									
CERTIFICATE HOLDER				CANCELLATIC					
Lee County Board of County Comm 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				ANCELLED LIVERED IN			
4					Italiano	Insurance Svcs Inc	:		

