

EVENT PERMIT



Ordinance 14-15

BOCA GRANDE FARM & FISH MARKET

PERMIT NUMBER:

TMP2017-00245

Contact: JEAN BAER

No

Date(s) of Event:

Fridays between January 5, 2018 and April 27, 2018 between 9am-1pm

Property Owner:

LEE COUNTY

Applicant:

LOCAL ROOTS. LLC

239-691-9249

Description:

Farmers Market

Location of event:

305 WHEELER RD BOCA GRANDE 33921

BOCA GRANDE BALL FIELD/***239-691-9249

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? No

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:

SPECIAL EVENT PERMIT

WUSE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INFO	DRMATION (All Permit Types)
Title of Event / Name of Production	Boca Grande Farm and Fish Market
Date(s) of Event / Production:	Fridays, Jan. 5,2018 thru Apr. 27,2018
Location(s) of Event:	Boca Grande Ball Field - 305 Wheeler Rd
Name of Applicant:	Local Roots, LLC
Applicant Address:	1418 Sandcastle Rd Sanibel, FL 33957
Applicant Phone Number:	239-691-9249
Contact Person: (If different from applicant)	Jean Baer
Contact Phone Number: (If different from applicant)	SAME
Email Address:	jmbaera comcast. net
Estimated Attendance:	400
Event Description: Include each activity, when activities take place, etc.	Farmers Market
Hours of Operation:	9 a.m. to 1 p.m.
STRAP # of Parcel:	23-43-20-00-00007.1000
Owner of Premises*:	Lee County

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



Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of the premises?
Are any temporary structures to be installed for the event? Yes No Type:
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: Heidrick Insurance
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 Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?
TYes No TYes 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, products liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: Various Vendors Type of Food being Served: Produce, BBQ, Pasta, Breads
Type of Food being Served: Produce, BBQ, Pasta Breads
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? 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 <u>SOLD</u> 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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):				/	
TV Movie or Special TV Ser	ries / Pilot	Γ	TV Commercial	☐ Still Photos	
Public Service Announcement Industr	rial / Documentary	Γ.,	Other:		
Will any of the following be needed or include	d*?				
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 Vehicle	s		Yes _	No	
Helicopters, Boats, etc.		/	Yes F	No	
Stunts			☐ Yes ☐	No	
Other			┌ Yes ┌	No	
* For any marked Yes, provide further detail:	s below:				
Special Parking Requirements:					
City or County Services Required: (Personn	el, equipment, facili	ties, e	tc.)		
		109 1159 100			
The following information is required for loc the industry. If exact figures are not availab				a to track the econo	mic impact of
Number in Cast:	Number in Crew:		Number o	f locals hired:	
Total budget:	Estimate amount sp	ent in	Lee County:		
Hotel room nights:	Number of shooting	days:			
number of rooms x number of night	ts				

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

Signature of Applicant

Signature of Applicant

Witness

Aug Hall

Print Name of Applicant and Title

Print Name of Witness

8/25/17

Date

Date



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

Check the appropri	ate box(es) bel	ow:	W g		
S	UNTY PROPERTY		UED A CECANITURA III	SE COUNTY FACU	ITIEC
FILM PERM		UME ALCOHOLIC BEV	ERAGES WITHIN LI	EE COUNTY FACIL	IIIE2
AFTER REVIEWING THE WILL REQUIRE THE APPL				ngements your	ORGANIZATION
Parking:	Parking in autho	rized areas only.	***************************************		
	9				1. 2.
Deputies (How Many?);	None	*			· .
	- Participes 10.1 agriculture				
Fee for Services:	None	ř	1.8		
Special Arrangements:	None	The state of the s			
-	***				
			N A		
	Dulut Namas	, ,		The second secon	
8 F	Print Name: Signature:	Captain J. Loethen	The 92	149	
	Title:	Special Events, Perr	nits and Details	19, 3	a a
	Date:	8-31-	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:

F SPECIAL EVENT PERMIT

JX 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.

The second second second					
Fire Guards (How Many?)		None		*	
Fee for Services:	Marie and American Control of the Co	None	A The State of the		(Decombrace State of Control of C
Flammable Vegetation:		None	(1945-246-1146-1146)	•	**************************************
First Aid Equipment:			***************************************	Armini manusidani (ip) ye) siraning	
Fire Extinguishing:		None			
		None			
Special Arrangements:					
		In case of emergency - Dial 911			
	Print Name:	C.W. Blosser			
e en	Signature:	CAL	hat the Salahanghan games and a ferranders.		
200	Title: Date:	Fire Chief 98/30/2017		e e e e e e e e e e e e e e e e e e e	

Page , 7



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		* *	18 V
USE OF CO	UNTY PROPERTY P	ERMIT	, se	
☐ FILM PERM	1IT	a "		
AFTER REVIEWING THE WILL REQUIRE THE APPL				NTS YOUR ORGANIZATION
Treatment Facilities:	None necessary.	3		
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	o arrange special event cov	erage, contact our office at
180	J		1	
	Print Name:	Benjamin Abes	Teach in g	
	Signature:	Benjamin Abes	Digitally signed by Benjamin Ab	
	Title:	Chief	0 6	
E' (4	Date:	08/30/2017		



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

Check the appropria	ite box(es) belo	w:				
SPECIAL EV	ENT PERMIT		a a		21 <u>12</u> 12 21 <u>13</u> 8	
☑ USE OF COU	JNTY PROPERTY F	PERMIT			0 8000000000000000000000000000000000000	
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVE	RAGES WITHIN LE	E COUNTY FACI	LITIES	
☐ FILM PERM	IT .	×	*			
				CENTENTS VOL	D OBCANIZATIO	NI
AFTER REVIEWING THE	APPLICATION, PL	EASE INDICATE BELO	W WHAT ARRAN FNT	IGENIEN IS YOU	R ORGANIZATIO	IV
WILL REQUIRE THE APPL	ICANT TO COMPL	Y WITH FOR THEIR EV	LINI.		911	
Parking:	Park in designated a	areas. No event parking or	ı Lee County mainta	ined road rights-of	-way where parking	J
	is prohibited.			*		
*		•				
Ingress and Egress:	Use all established	means of ingress and egre	ess.		5.	
						_
Special Arrangements:	None.					
				×.		
2						
8 5	Print Name:	Bryan Miller	280			
ä	Signature:	Bryan D. Miller	Digitally signed by Bo Date: 2017.10.31 14:	ryan D. Miller 19:40 -04'00'	a a	
	Title:	Senior Project Manager	1	Ţ.	as ²	
60 600	Date:	October 31, 2017	'u			



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

Check the appropri	ate box(es) be	low:		ň	
SPECIAL EV	ENT PERMIT				
USE OF CO	UNTY PROPERTY	PERMIT			
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BE	VERAGES WITHIN LE	EE COUNTY FACIL	LITIES
☐ FILM PERM	IIT -				6
AFTER REVIEWING THE WILL REQUIRE THE APP				GEMENTS YOUR	ORGANIZATION
Illumination:	None: Weekly ever	nt is during daylight hou	rs.		
Parking Areas:	Ball Field site at 30	nilable in two designated 15 Wheeler rd. Volunteer e not obstructed so eme	s parking cars will need	d to wear safety ves	
Special Arrangements:	Follow guidelines a Grande Farm and I	and stipulations as outlir Fish Market.	ed in the contract with	n Lee County for op	erations of the Boca
996	2				
्र त हैं हुई 10					
5	Print Name:	Alise Flanjack			¥2)
(+(a)) 8	Signature:	Alise Flanjack	Digitally signed by Alse Floripack Discon-Alse Floripack and no comprehensive and e-mail-state-policynecome, notific Date: 2017.08.31 12-13, 13-04 by	Neuralian ag	9
7.	Title:	Deputy Director			
	Date:	Aug 31, 2017	*		
	8 ·				

Page |10



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

Check the appropria	te box(es) be	low:	*			
SPECIAL EVE	NT PERMIT		#:			= 13
☑ USE OF COU	NTY PROPERTY	PERMIT				
		UME ALCOHOLIC E	BEVERAGES WITH	IIN LEE COUNT	Y FACILITIE	S
FILM PERMI		(*): (2		1	0 0 00 months 1 m	-
) ricivri cittvii	Mr. esc.		•			
AFTER REVIEWING THE A				RRANGEMENT	S YOUR OF	RGANIZATIOI
Insurance Requirements:	occurrence to pr	eral liability insurance otect against bodily in event within Lee Cou	njury and/or propert			
9			ē			
		i i			×	
,					÷	
Special Arrangements:		nsurance shall be subr Commissioners, P.O. I śd.				
	Subject to proof	of Insurance.		¥,		
* **						
×	Print Name:	Mike Figueroa	H.	3	. *	•
	Signature:	1	*		e ^t .	
	Title:	Risk Program Manag	ier -	17 Test 25 Tes		9
	Date:	August 29, 2017		E CM C_DCC		54.



ACORD	CER	TIF	ICATE OF LIA	BILI	TY INS	URANC	E		(MM/DD/YYYY) 25/2017
CERTIFICATE DOES NOT AFFI BELOW. THIS CERTIFICATE O	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 PRODUC		-		Il v	!==\		I PURPOCATION IS	VÁIVED	- alibiant to
IMPORTANT: If the certificate h the terms and conditions of the certificate holder in lieu of such	olicy, cer	tain p	olicles may require an e	ndorse	ment. A sta	tement on th	is certificate does not	confer i	rights to the
PRODUCER				CONTAC NAME:	T Holli M	Martin			21
Heidrick & Company Insur	nce an	d Ri	sk Management	PHONE (A/C, No	Ext): (239)	579-0660	FAX . (A/C, No	(888)7	67-1665
Services LLC	Services LLC						surance.com		
1648 Periwinkle Way STE.	CONTROL DESCRIPTION		180		- INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
(Baseline Market Anna Carlotte	33957			INSURE	RA:Colony	Insurance	се Сомрапу		39993
INSURED			is w _{is}	INSURE	RB:	,	·	7	
Local Roots LLC	*			INSURE	RC:				
1418 Sand Castle Rd				INSURE					
Sanibel FL	33957			INSURE				А.	
COVERAGES		CAT	ENUMBER:17-18 GL	INSURE	RF:		REVISION NUMBER:		لـــنــا
THIS IS TO CERTIFY THAT THE PO					I ISSUED TO			HE POLI	CY PERIOD
INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF	IY REQUI	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADD	LISUBR	LIMITS SHOWN MAT HAVE	DCEN (POLICY EFF (MM/DD/YYYY)		I. · · · LIM	TC .	
X COMMERCIAL GENERAL LIABILIT	INSI	HWAD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
A CLAIMS-MADE X OCCU		1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	. x	1	101GL004846901		2/27/2017	2/27/2018	MED EXP (Any one person)	\$	5,000
			*.				PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER			-2				GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO-							PRODUCTS - COMPIOP AGG	\$	Included
OTHER:								\$	
AUTOMOBILE LIABILITY .			76.2				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO	_ '			×			BODILY INJURY (Per person)	\$.	
ALL OWNED SCHEDULI AUTOS NON-OWN							BODILY INJURY (Per accident	-	
HIRED AUTOS AUTOS	u						PROPERTY DAMAGE (Per accident)	\$	1 040
<u> </u>	_	+				-	***************************************	\$	
UMBRELLA LIAB OCCUI EXCESS LIAB CLAIM	1 4						EACH OCCURRENCE	s	-
l Joseph	MADE						AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION		1					PER OTH-	+	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	YIN	1					E.L. EACH ACCIDENT	s	A 8 2 0 22
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	MIN NI	1				- 0	E.L. DISEASE - EA EMPLOYE	E \$	
If yes, describe under DESCRIPTION OF OPERATIONS below			. 9 ×			13	E.L. DISEÄSE - POLICY LIMIT	\$	- X
						181			
	~			18					a 8
		1							
DESCRIPTION OF OPERATIONS / LOCATIONS	VEHICLES	ACOR	D 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requi	red)	14-6-	o.f.
Lee County Board of Coun Florida are Additional I								Late	· 1
				0.55 4 8 333 9 (€	•				* 9
. 200 H					. #				-
n	. 10	38	11.5						3
P			OK M	8	100 29 1	7			
OCCUPATE HOLDER				(AZ/	TILL ATION				
CERTIFICATE HOLDER				CANC	ELLATION		· •		· · · ·
		×					ESCRIBED POLICIES BE		
Lee County Board	f Cou	aty	Commissioners	THE	EXPIRATION	DATE TH	EREOF, NOTICE WILL		
2115 Second St			e π π π π π π π π π π π π π π π π π π π	ACC	OKDANCE WI	IN INE POLIC	CY PROVISIONS.		
Fort Myers, FL 3	901		1800 MM (5) 18-11	AUTHO	RIZED REPRESE	NTATIVE	*		1 1
			f) (80)					100	
18		•		Hol1:	i Martin/	MR	CALLED	Ala	ether

BOCA GRANDE FARMERS MARKET

