

EVENT PERMIT



Ordinance 14-15

DOSAL WEDDING

PERMIT NUMBER:

TMP2017-00282

Date(s) of Event:

October 21, 2017 from 3:30pm until 6:30pm

Property Owner:

LEE COUNTY

Applicant:

SHANNON & DARRYL MINARDI

Contact: MINARDI SHANNON & DA

Description:

Wedding Ceremony

Location of event:

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

BANYAN STREET RIGHT-OF-WAY/***813-482-2427

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?

No

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

Film, Video & Photography



Event Application

| Check the | appro | priate | box(es) | below: |
|-----------|-------|--------|---------|--------|
|-----------|-------|--------|---------|--------|

- F SPECIAL EVENT PERMIT
- USE 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) |
|--|--------------------------------------|
| ritle of Event / Name of Production | DOSAL WEDDING |
| Date(s) of Event / Production: | OCT. 21, 2017 |
| Location(s) of Event: | Lee County-Banyan Street. |
| Name of Applicant: | Minardi, Shannon & Minardi, Darryl |
| Applicant Address: | 906 S. Frankland Rd. Tampa, FL 33629 |
| Applicant Phone Number: | (813) 482-2427 |
| Contact Person: (If different from applicant) | Maranda Quevedo (Bride) 813-418-1591 |
| Contact Phone Number: (If different from applicant) | 813-418-1591 - 813-482-2427 |
| Email Address: | Shannon (a) Shannon minardi. com |
| Estimated Attendance: | 150 |
| Event Description: Include each activity, when activities take place, etc. | wedding ceremony (5:30pm) |
| Hours of Operation: | 3:30-6:30 |
| 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 all | permit types: | |
|---|---|---|
| What is the Zoning Classification of the pr | remises? Lee County - | Banyan Street |
| Are any temporary structures to be instal | led for the event? X Yes No | Type: <u>Chairs</u> |
| Do you have the appropriate permits for t | | Yes No |
| * For a 'Special Event' and 'Use of County indentified, including all parking areas. | | _ |
| Insurance Company Insuring the Event: | Italiano Insur | ance Svcs. |
| Note: Certificate of Insurance must be submitted | at time of application | |
| Surety Company Bonding this Event (Nar | ne and Address): Acord | MT. VERNON TIRE INSCO |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Event? | served/consumed at this Event? |
| ⊤ Yes 💢 No | ┌─ Yes No | Yes X 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: | 4/4 | <u>.</u> |
| Type of Food being Served: | • | |
| Section II - USE OF COUNTY PR | ROPERTY PERMIT | |
| Organization Sponsoring the Event: | N/A | 7 |
| Fill out this portion for applications for | Solicitation in the County Rights-of-V | Vay: |
| Name of Charity: | | •• |
| Address of Charity: | | |
| Phone Number: | | |
| Non-profit certificate/registration num | ber: | 5345 2045) |
| (Proof of registration with the Dept. of Agriculture & | Consumer Services §496.405 or proof the organiza | tion is exempt from this requirement. 93 16.2045) |
| Section III - SALE/CONSUMPT | ION OF ALCHOLIC BEVERAGE | S PERMIT |
| Is alcohol being sold/consumed on Coulf Yes, then a "Lee County Alcohol Permit" is required | inty Property? . Only non-profit organizations can sell alcohol on C | Yes X No |
| Non-profit certificate/registration num (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 |

further details



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| e of Production (choose all t | hat apply): | | | |
|--|--|---|--|---------------|
| TV Movie or Special | TV Series / Pilot | TV Commer | cial K Still Photos | |
| Public Service Announceme | nt Industrial / Documentary | Other: | -esonal /NON-Comm | MENCHAL |
| I any of the following be nee | ded or included*? | | | |
| Street Closure | | X Yes | ┌ No | |
| Traffic / Crowd C | ontrol | ┌ Yes | No No | |
| Fire or Burning | | ┌── Yes | ∇ No | |
| Explosives or Pyr | otechnics | r Yes | ∏ No | |
| Animals, Large of | r Small | Yes | 区 No | |
| Construction of A | Any Kind | Yes | ⊼ No | |
| Large and/or Nu | merous Vehicles | Yes | ▼ No | |
| Helicopters, Boa | ts, etc. | Yes | Ⅳ No | |
| Stunts | | Yes | ★ No | |
| Other | | ☐ Yes | No No | |
| STREET CLOSI | LRE DURING CE | REMONY. | | |
| STREET CLOSI | LRE DURING CE | REMONY. | | |
| | LRE DURING CE | REMONY. | | |
| STREET CLOSI | LRE DURING CE | REMONY. | | |
| STREET CLOSI Special Parking Requirement NO | LRE DURING CE | | | |
| Special Parking Requiremen NO City or County Services Req | LRE DURING CEN | | | |
| STREET CLOSI Special Parking Requirement NO | LRE DURING CEN | | | |
| Special Parking Requiremen NO City or County Services Req NO The following information is | LRE DURING CEN | lities, etc.) | n Florida to track the econor | nic impact o |
| Special Parking Requiremen NO City or County Services Req NO The following information is | ts: uired: (Personnel, equipment, facil | lities, etc.) ds on production in a sclosely as poss | n Florida to track the econor | nic impact o |
| Special Parking Requirement NO City or County Services Req NO The following information is the industry. If exact figure | ts: uired: (Personnel, equipment, facil s required for local and state record s are not available, please estimate Number in Crew: | lities, etc.) ds on production in a sclosely as poss | n Florida to track the econor ible. | nic impact of |

Pays 3

Applicant Agreement - Signature Required



SECTION 1 - 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.

| acoust has have | |
|--|---|
| The applicant does acknowledge and hereby affirms the his/her knowledge. | nat any and all information is accurate to the best o |
| Signature of Applicant | Witness |
| SHANNON MINARDI | MARANDA QUEVEDO Print Name of Witness |
| Print Name of Applicant and Title | 1/12/11/2 |
| 0 6 13 16 Date | Date |



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

| Check the appropria | te box(es) beloi | w: | | |
|---|--|--|---|--|
| F SPECIAL EVE | NT PERMIT | | | |
| ▼ USE OF COU | NTY PROPERTY P | ERMIT | · | |
| PERMIT TO S | SELL AND CONSUI | ME ALCOHOLIC BEVEF | AGES WITHIN LEE COUNTY | FACILITIES |
| FILM PERMI | т | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLICANT TO COMPL | EASE INDICATE BELO' Y WITH FOR THEIR EV | W WHAT ARRANGEMENTS ENT. | YOUR ORGANIZATION |
| Parking: | Parking in authorized | d parking areas only | | |
| Deputies (How Many?): | Two deputies for roa Gilchrist while wedd | ad closure, traffic control a ling ceremony takes place | and security on Banyan Street bet s. | tween Park Ave and |
| Fee for Services: | Traffic detail is \$50/ | hr per deputy with a four | (4) hour minimum. Total for ever | nt is \$400. |
| Special Arrangements: | All chairs, tables and | Street must be blocked in a street must be blocked in detection of the street. | n order to provide safety and sectevent must be removed from th | urity to the participants. e roadway as soon as |
| | Print Name: | Capt. Scott Lucia | | |
| | Signature: | Lucia, Scott | Diginally signed by Lucia. Scott Dividence, do-chedibled, usel CSO there, con-Lucia, Scott, east-Suciach-Selferfile of con- part Suciach-Selferfile of con- Date: 2016.06.25 2033-01 -04007 | • . |
| | Title: | Special Events, Permits a | nd Details | |
| | Date: | 25 June 2016 | | _ |
| | | | | |

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

X USE OF COUNTY PROPERTY PERMIT

FILMPERMIT

| Fire Guards | 2 fire guards @ 3 hours each |
|--------------------------|--|
| (How Many?) | |
| Fee for Services: | \$50.00 /hour per guard. Total \$300.00 Contact Nancy at Boca Grande Fire Dept. to make arrangements for payment. |
| Flammable Vegetation: | |
| First Aid Equipment: | |
| | |
| Fire Extinguishing: | ीं र ्षे |
| Special Arrangements: | Due to the number of guests and chairs, the Permit holder must hire fire guards to be present on Banyan St in case of emergency. In the event that access is needed on Banyan St, fire guards will stop the ceremony and co-ordinate removal of guests/items/etc. placed on Banyan St. Permit holder must have a team available, on site, to facilitate the immediate removal of all items/guests. Any damage to BGFD vehicles while making access to emergency will be the responsibility of the permit holder. |
| | Print Name: C.W. Blosser |
| | Signature: 6 Blan |
| | Title: Fire Chief |
| | |

June 28,2016

Date:



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

| Check the appropria | te box(es) below | <i>:</i> : | | |
|--|--------------------------------------|---|--|--------------------------|
| ☐ SPECIAL EVE | ENT PERMIT | | | |
| ∑ USE OF COU | JNTY PROPERTY PE | RMIT | | |
| FILM PERM | IT . | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPLI | APPLICATION, PLEA | ASE INDICATE BELOW WITH FOR THEIR EVEN | WHAT ARRANGEMENTS YO | OUR ORGANIZATION |
| Treatment Facilities: | None necessary. | | | |
| Medical Personnel: | None necessary. | | | |
| Medical Supplies / Equipment: | None necessary. | | | |
| Safety Requirements: | No additional precaut | tions necessary. | | |
| | | | | |
| Fee for Services | Not applicable. | | • | |
| | | | | |
| Special Arrangements: | Please call 911 in the 239 533-3911. | event of an emergency. To | o arrange special event coverage | e, contact our office at |
| | Print Name: | Benjamin Abes | | |
| | Signature: | Benjamin Abes | Digitally signed by Benjamin Abes Date: 2016.06.22 11:18:07 -04'00' | |
| | Title: | Chief | | |
| | Date: | 06/22/2016 | ANA. | |



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

| Check the approprie | ate box(es) belo | ow: | | |
|--|---------------------------------|---|--|--------------------------|
| | UNTY PROPERTY SELL AND CONSU | | AGES WITHIN LEE COUNTY | FACILITIES |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, P | LEASE INDICATE BELOV LY WITH FOR THEIR EVE | V WHAT ARRANGEMENTS NT. | YOUR ORGANIZATION |
| Parking: | Park in designated prohibited. | areas. No event parking on | Banyan Street right-of-way or e | sewhere where parking is |
| Ingress and Egress: | Use all established | means of ingress and egree | is. | |
| Special Arrangements: | Use Lee County Sh | eriff's Office for assistance v | vith traffic control. | |
| | Print Name: | Bryan Miller | Di tulli circa di ba Dana D. Millor | |
| | Signature: Title: | Bryan D. Miller Senior Project Manager | Digitally signed by Bryan D. Miller Date: 2016.06.29 07:21:11 -04'00' | |
| | Date: | June 29, 2016 | | |

Dosal Wedding Ceremony on Banyan Street - 10/21/17





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

| Check the appropria | ite box(es) belo | w: | | |
|--|--|---|--|-----|
| SPECIAL EVI | JNTY PROPERTY P | PERMIT | | |
| ☐ PERMIT TO ☐ FILM PÈRM | | ME ALCOHOLIC BEVERA | AGES WITHIN LEE COUNTY FACILITIES | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PL LICANT TO COMPL | EASE INDICATE BELOW Y WITH FOR THEIR EVE | WHAT ARRANGEMENTS YOUR ORGANIZATIONT. | ИС |
| Illumination: | Generators prohibite draped on trees or v | ed to supply electric for lig egetation. | nting on Banyan Street. Lights are not to be hung or | |
| Parking Areas: | Parking is permitted | 1 in existing parking areas a | t the Boca Grande Community Park and Center. | |
| Special Arrangements: | to all rules on the U All wedding guests | se of County Lands for Wed | on County property at all times. | ere |
| | Print Name: Signature: | Alise Flanjack | Joe Wier Joseph R Wi er | |
| | Title: | Deputy Director | P&R Supervisor | |
| | Date: | 6/24/16 | 6/21/16 | |



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

Check the appropriate box(es) below:

| SPECIAL EVEN | | | |
|-------------------------|---|---|---|
| USE OF COUNT | | PERMIT ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY I | FACILITIES |
| FILM PERMIT | | | |
| AFTER REVIEWING THE A | PPLICATION, PL CANT TO COMPL | EASE INDICATE BELOW WHAT ARRANGEMENTS TO WITH FOR THEIR EVENT. | YOUR ORGANIZATION |
| Insurance Requirements: | occurrence to pro | ral liability insurance with minimum limits of One Million Do tect against bodily injury and/or property damage relative i event within Lee County. | ollars (\$1,000,000) per to applicants use of |
| | | | organ listing Lee County |
| Special Arrangements: | A Certificate of In Board of County of additional insured | surance shall be submitted as evidence of the required cove Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the ce d. | erage listing Lee County ertificate holder and as an |
| | Subject to proof | of insurance. | |
| | | | |
| | | | |
| | Print Name: | Mike Figueroa | |
| | Signature: | <u> </u> | |
| | Title: | Risk Program Manager | |
| | Date: | October 10, 2017 | |
| | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2017

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 DEED REPORTED OR PROPERTY OF PROPERTY OF PROPERTY AND THE CERTIFICATE HOLDER.

| REPRESENTATIVE OR PRODUCER, AN | D TH | ECE | RTIFICATE HOLDER. | | | | | | |
|--|----------------|---------------|---|-----------|----------------------------|------------------------------|---|-----------------------------|----------------|
| IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject | ro tne | IALL | ns ann condiduons of ai | e Polic | y, occion po | e ADDITIONA licies may re | AL INSURED provisions equire an endorsement. | or be endors A statement | on |
| this certificate does not confer rights to | the c | erun | 7-7799 | CONTAC | T Italiano Insura | nce Services In | | | |
| RODUCER | | a 13=67 | 1-1105 | PHONE | , Ext): 813-87 | 7-7799 | FAX (A/C, No): 813 | 3-877-8877 | |
| ALIANO INSURANCE SERVICES , O. Box 18425 | | | | (A/C, No | , Ext): | insurance. | | | |
| ampa, FL 33679-8425 aliano Insuranca Services In | | 5 | v. | ADDRES | | | | NAIC | -# |
| , | | | | L | INS | URER(S) AFFOR | DING COVERAGE | NAIC | · # |
| | | | | INSURE | RA: Mt, Vernon | Fire Ins. Co | | | - |
| NSURED Darryl & Shannon Minardi | | | | INSURE | RB: | | | | |
| 906 Frankland Rd | | | | INSURE | RC: | | | | |
| Tampa, FL 33629 | | | | INSURE | RD: | | | | |
| | | | | INSURE | | | | | |
| | | | | INSURE | | | | | |
| | | | ALI MEDED. | MASOILE | | 1 | REVISION NUMBER: | | |
| | | | NUMBER: | \ (F. DEF | N INCLIED TO | THE INCHINE | D MAMED ABOVE FOR THE | E POLICY PER | ROD |
| COVERAGES THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PERTA POLIC | AIN, XIES. | THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE | DED BY | THE POLICIE REDUCED BY | S DESCRIBED PAID CLAIMS. | OCUMENT WITH RESPEC HEREIN IS SUBJECT TO | T TO WHICH TER | THS RMS, |
| NSR TYPE OF INSURANCE | ADDL INSD | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | 4 000 000 |
| A X COMMERCIAL GENERAL LIABILITY | หลอบ | AAAM | | | | | | \$ | 1,000,000 |
| | | | CL2720565 | | 10/21/2017 | 10/23/2017 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s 1 | 00,000 |
| CLAIMS-MADE X OCCUR | | | | | | | | s | 1,000 |
| | | | | | | | | s | 1,000,000 |
| | | | | | | | | s : | 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | 1 | OENEIGIE NOOKIEGI (I.E. | | cluded |
| POLICY PRO LOC | | | | | | | 111000010 | S | |
| OTHER: | | | | | - | - | COMBINED SINGLE LIMIT (Ea accident) | S | |
| AUTOMOBILE LIABILITY | | | | | |] | BODILY INJURY (Per person) | S | |
| ANY AUTO | | | | | | | | s | |
| OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | | |
| HIRED AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | | | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | 1 | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADI | £ | | | | | 4 | AGGREGATE | \$ | |
| DED RETENTION\$ | 7 | | | | | 1 | I OTIL | \$ | |
| | | | | | | 1 14.4 | PER OTH- STATUTE ER | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 1 | | | | | E.L. EACH ACCIDENT | \$ | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | 1. | E.L. DISEASE - EA EMPLOYEE | \$ | |
| (Mandatory in NH) | | | | | ļ · | | E.L. DISEASE - POLICY LIMIT | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | - | - | | | + | 1 | C.L. DIGENOL TOLIGE COM | | |
| | | | | | 1 | ĺ | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Certificate holder has been named as additional insu above listed policy. Host liquor/liquor liability is NOT | rea witt | n resp | D 101, Additional Remarks Sche | dule, may | be attached if mo | | | | |
| | | | | | | | F 10/10/2017 | | |
| CERTIFICATE HOLDER | | | | CA | NCELLATIO | <u> </u> | | | |
| Lee County Board of C Commissioners P O Box 398 Fort Myers, FL 33902 | ounty | 1 | | AUT | HE EXPIRATI | ON DATE T WITH THE POL | DESCRIBED POLICIES BE OF THE PROVISIONS. | CANCELLED BI BE DELIVER | EFORE ED IN |
| | | | | | I LEVE | <u>ч, у</u> | CODD CODDOBATION | AN -1-66 | earted |

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 rat | es are: | | Ama /1 |
|------------------------|---------|---------------------|---------|
| 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 <u>per deputy</u> 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 <u>unarmed</u> 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 SHER | RIFF'S OFFICE USE ONLY | |
|-----------------------------|-----------------|------------------------|--------------|
| Total Deputy(s) | Total Hours 8 | Rate per Hour | Vehicle Rate |
| Total Cost for Detail \$400 | | | |
| | | 06,28.2016 Date | |
| Vender Signature | | | |



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

| usiness Name: Shannon Min treet: 906 S Franklin Roa | ad | | | |
|--|----------------|--------------------------|------------------------------|----------------|
| _{ity.} Tampa | | State: FL | Zip Code: | 33629 |
| usiness Contact: Shannon N | Miniardi | | Phone: 813-48 | 2-2427 |
| mail Address: Shannon@s | shannonm | ninardi.com | | |
| man radii oosi | | | | |
| | Event | Information | J Oilebriet | |
| etail Location: Banyan Stre | eet betwee | en Park Ave an | d Gilchrist | |
| treet: | | | | |
| Boca Grande | | State: FL | Zip Code: | |
| Contact During Event: Maranc | da Queve | do | Phone: 813-41 | 8-1591 |
| Event Date: 10/21/17 | | Event Time: 150 | 0-1900 | |
| Noticipated Crowd Size : 150 | | Event Time V | Vedding Ceremo | ny |
| Anticipated Crowd Size: | | Type of Event: | | |
| Additional Security Working Deta | _ | V No If Yes, 1 | now many? | |
| Permits Attached: Yes | No | Alcohol Serve | d: Yes Y No | |
| | Detai | l Information | | |
| Security | Traffic | \checkmark | Prisoner Transport | |
| Escort | Holiday | | Fu seral Escor t | |
| | Stand-by | | 1 1 2 | |
| Last Minute | | | Vehicle Yes | \bigcap_{No} |
| Marked Vehicle Yes | No | Unmarked | | 7 |
| Uniformed Deputy Yes | ∐ No | Plain Clotl | nes Deputy L Yes | No No |
| Detail Description: | | - o : | hatiraan Dord Aria oo d | lichriet |
| 2 uniformed deputies for traffic cor Payment for event is expected one contact the Lee County Sheriff's Of | month prior to | o the date of the Weddir | id. It is the responsibility | OF BIS ACTIO |



