



EVENT PERMIT

Ordinance 17-08



LEHIGH SPRING FESTIVAL

PERMIT NUMBER: TMP2018-00046

Date(s) of Event: March 9-17, 2018 Weekdays 6:00pm until 11:00pm, Weekends 11:00am-11:00pm

Property Owner: LEE COUNTY

Applicant: LEHIGH SPRING FESTIVAL
239-980-4444

Contact: ANDY REISINGER

Description: Community festival with live entertainment and stage shows; Talent & Singing Competitions; Pageants; Arts & Crafts Fair; Car, Truck & Bike Show; 5K Run; BBQ Cook-Off; Beer Tent & Beer Garden; Horseshoe Tournament; Carnival Rides; Food Vendors

Location of event: 55 HOMESTEAD RD S LEHIGH ACRES 33936
VETERANS PARK***239-822-9344

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 ? 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

 2-19-18
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Lee County Event Permit Application



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

Section I - GENERAL INFORMATION (All Permit Types)

| | |
|--|---|
| Title of Event / Name of Production | Lehigh Spring Festival |
| Date(s) of Event / Production: | Friday, March 9, 2018 through Saturday, March 17, 2018 |
| Location(s) of Event: | Veteran's Park 55 Homestead Road South, Lehigh Acres, FL 33936 |
| Name of Applicant: | Lehigh Spring Festival Association |
| Applicant Address: | P.O. Box 747 Lehigh Acres, FL 33970 |
| Applicant Phone Number: | 239-822-9344 |
| Contact Person: (If different from applicant) | Andy Reisinger |
| Contact Phone Number: (If different from applicant) | 239-980-4444 |
| Email Address: | andyreisinger@aol.com |
| Estimated Attendance: | Approx. 850-950 per day |
| Event Description: Include each activity, when activities take place, etc. | Community Festival with live entertainment and stage shows; Talent & Singing Competitions; Kids & Teen Pageants; Arts & Crafts Fair; BBQ Cook-Off; Beer Tent & Beer Garden; Horseshoe Tournament; Carnival Rides & Entertainment; Food Vendors; PLUS Spring Festival Parade (Saturday, 03/10/2018) along Homestead Road, Lehigh Acres Car, Truck & Bike Show (Saturday, 03/17/2018) in the back Parking Lot of Veteran's Park |
| Hours of Operation: | Weekdays 6:00 PM - 11:00 PM; Weekends: 11:00 AM - 11:00 PM |
| STRAP # of Parcel: | 05-45-27-00-00004.0000 |
| Owner of Premises*: | Lee County / Lee County Parks & Rec |

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? Commercial

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: Tents / Mobile Storage

Do you have the appropriate permits for the temporary structures? ☒ Yes ☐ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Covington Specialty

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 Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☒ Yes ☐ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Multiple
Providing Food:

Type of Food being Served: Common Fair Food, including but not limiting to: hot dogs, sausages, hamburgers, french fries, pizza, funnel cakes, candied apples, popcorn, ice cream, and more +

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Lehigh Spring Festival Association, Inc.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: Lehigh Spring Festival

Address of Charity: P.O. Box 747, Lehigh Acres, FL 33970

Phone Number: 239-822-9344

Non-profit certificate/registration number: 730956

(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? ☒ Yes ☐ No

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: 730956

(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

Type of Production (choose all that apply):

Will any of the following be needed or included*?

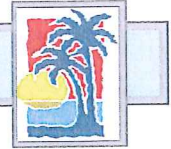
* For any marked Yes, provide further details below:

| |
|--|
| |
|--|

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights



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 premises 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

Witness

Andy Resinger

Print Name of Applicant and Title

Print Name of Witness

February 5, 2018

Date

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

FESTIVAL

Check the appropriate box(es) below:

- ☒ 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.

Parking:

Parking in authorized areas only.

Deputies (How Many?):

Two Deputies on weekdays 1800-0000
Four Deputies on weekends 1200-0000

Fee for Services:

\$40/hr per deputy

Special Arrangements:

If necessary, a supervisor and/or additional deputies may be added to the weekend coverage.

Print Name: Captain J. Loethen

Signature:

Capt J. Loethen 92149

Title:

Special Events, Permits and Details

Date:

2-15-18

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

PARADE

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

Parking in authorized areas only.

Deputies (How Many?):

1 Incident Commander
3 Traffic Sergeants
12 Traffic deputies/CSA

Voice units have been requested to supplement deputies, in the event Voice members are not available, necessary positions will be filled by CSA's or Deputies at the expense of the vendor. LCSO personnel will be on site from 0800-1500 or until roadway is back open

Fee for Services:

Rates available on detail request form

Special Arrangements:

The applicant is responsible for providing a Maintenance of Traffic to LCSO showing where road closures will be. Vendor will need to provide cones, barricades and sign boards for this event at their expense.

Print Name: Captain J. Loethen

Signature:

Capt J Loethen 92149

Title:

Special Events, Permits and Details

Date:

2-15-18

Lee County Event Permit Application



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
☒ 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?)

Where event/public exceeds 250 persons, provide at least one person per every 250 persons at event for crowd managers. May utilize LCSO staff.

Fee for Services:

Waived by resolution 17-12-01.

Flammable Vegetation:

Not permitted to be utilized for stands, concessions, events unless treated with flame retardant process.

First Aid Equipment:

Provide first aid station.
Fire district will provide A/C/BLS staffing where crowd size exceeds 1000 persons. Must provide schedule to Lee County Fire Operation Chief of expected dates and time of expected 1000 or more persons.

Fire Extinguishing:

Provide 2A:10B:C fire extinguishers with 75 feet of all games and tents. Provide K class extinguishers where cooking with grease of appreciable depth. Enclosed trailers/trucks shall be provided with NFPA 96 system where cooking in vehicle.

Special Arrangements:

No open flames in exhibitions or Acts. All concession tents shall be flame retardant.

Print Name:

Ken Bennett — Ken Bennett

Signature:

Fire Marshal — Feb 13, 2018

Title:

Date:



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:

See Special Arrangements below.

Medical Personnel:

See Special Arrangements below.

Medical Supplies /
Equipment:

See Special Arrangements below.

Safety Requirements:

See Special Arrangements below.

Fee for Services

See Special Arrangements below.

Special Arrangements:

EMS defers to LAFD for specifying EMS coverage for this event, as it falls within their response district.

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes
Date: 2018.02.07 13:15:59 -05'00'

Title: Chief

Date: 02/07/2018

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control, and temporary short term road closures. Suitable Law Enforcement presence will need to be provided to safely close and detour traffic during the parade event. All MOT signs, cones & barricades shall be in substantial conformance with FDOT Index 600. All County-maintained roads shall be re-opened to traffic as soon as practicable as directed by the Sheriff's Office. Emergency vehicle access shall be maintained at all times. Further the applicant shall coordinate in advance with the Homestead Rd Widening General Contractor, Keith Dean, Stevens & Layton, Inc. @ (239) 693-1400 to determine whether any special provisions will be required as a condition of the event/parade activities within the contractors work zone.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2018.02.12 13:15:36 -05'00'

Title: Senior Project Manager

Date: February 12, 2018

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- ☒ 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:

Supplemental safety and security lighting is required and must be provided by the event organizer.

Parking Areas:

Event organizer must work with on-site staff to ensure all parking areas on park property are appropriate and within designated areas only. Must provide adequate parking attendants and traffic control devices as needed. Event organizer must ensure all emergency access and roadways are clear for emergency vehicles to safely pass. Event organizer or groups responsible for parking vehicles must not charge for entering the festival, donations may be accepted.

Special Arrangements:

All alcohol sales and consumption must be within the confines of the "Beer Garden" area. No admission or parking fees will be charged for this community event, donations may be accepted.

Print Name: Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

Feb 12, 2018

Spring Fest
Lehigh Veterans Park
3/9 - 3/17



REQUEST FOR FEE WAIVER

LEE COUNTY PARKS AND RECREATION
3410 Palm Beach Boulevard
Fort Myers, FL 33916
Phone (239) 533-7275

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

Date Form Completed: 1/8/18

Name of Agency or Organization: LEHIGH ACRES SPRING FESTIVAL ASSOC. INC.

Contact Person: VICKI Z. CULVER Phone #: 239-770-2311

Address: P.O. Box 747 LEHIGH ACRES FL 33970

Requested Park/Facility: LEHIGH ACRES VETERAN'S PARK

Location within that Park/Facility: _____

Date of Activity: 3/9/18 - 3/17/18 Time of Activity: 12:00 NOON - 11:30 P.M.

Type of Activity: FESTIVAL Expected Number of Participants: 10000

Fees you are Requesting to have Waived: LOOKING TO PAY 2500-DAY FEE

Reason applying for Fee Waiver (list benefits to Lee County if fee is waived): NOT FOR PROFIT COMMUNITY EVENT GIVING BACK TO LEHIGH ACRES. COULD NOT DO IT WITHOUT THE WAIVER.

.....
For Office Use Only

Manager/Supervisor: Approved X Denied _____ 501-C Attached: Yes _____ No X **sunbiz attached*

Justification: Great Community event for the Lehigh Acres Area.

Signature: Rebecca Flora Date: 1/9/18

Director of Parks and Recreation: Approved X Denied _____

Justification: Community Event

Signature: June John Date: 2/12/18

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements:

Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

February 8, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/18

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 to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|--|--|
| PRODUCER L.A. Insurance 2802 Lee Blvd, Unit 2 Lehigh Acres, FL 33971 Phone (239) 369-6000 Fax (239) 369-8238 | | CONTACT NAME: Tami Baker PHONE (A/C, No, Ext): (239) 369-6000 FAX (A/C, No): (239) 369-8238 E-MAIL ADDRESS: tamibaker6000@msn.com | |
| INSURED Lehigh Spring Festival Association, Inc PO Box 747 Lehigh Acres, FL 339700747 (239) 936-5256 | | INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y | N | VBA595023 00 | 03/02/2018 | 03/25/2018 | EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Liquor Liability | Y | N | VBA595023 00 | 03/02/2018 | 03/25/2018 | 1,000,000 |

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

Additional Insured: Lee County Board of County Commissioners, PO Box 398, Fort Myers, FL 33902

Lehigh Spring Festival, March 9-17, 2018. Hours that alcohol will be served is 6pm-9:30pm weeknights and Noon-9:30pm on the weekends.

OK MP 02/02/18

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| LEE COUNTY BOARD OF COUNTY COMMISSIONERS PO BOX 398 FORT MYERS, FL. 33902 239-485-5460 | 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 |
|---|---|

Lee County Event Permit Application



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: _____

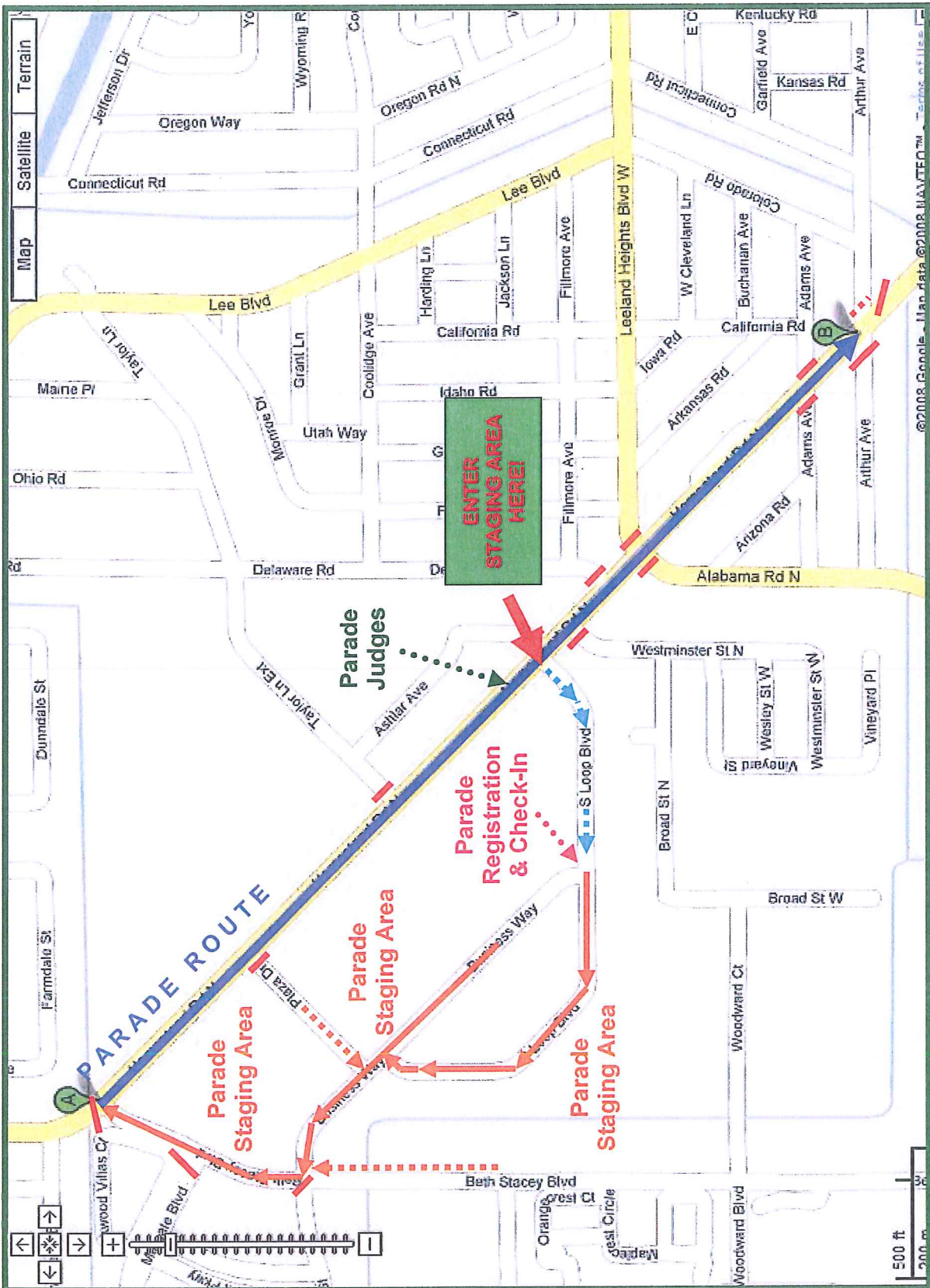
Signature: _____

Title: _____

Date: _____

2018 Lehigh Spring Festival Site Plan







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/18

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| | |
|---|--|
| PRODUCER L.A. Insurance 2802 Lee Blvd, Unit 2 Lehigh Acres, FL 33971 Phone (239) 369-6000 Fax (239) 369-8238 | CONTACT NAME: Tami Baker PHONE (A/C, No, Ext): (239) 369-6000 FAX (A/C, No): (239) 369-8238 E-MAIL ADDRESS: tamibaker6000@msn.com |
| INSURED Lehigh Spring Festival Association, Inc PO Box 747 Lehigh Acres, FL 339700747 (239) 936-5256 | INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|--------------------|---------------|-------------------------|-------------------------|------------|--|
| A | GENERAL LIABILITY: <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y | N | VBA595023 00 | 03/02/2018 | 03/25/2018 | EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | A Liquor Liability | Y | N | VBA595023 00 | 03/02/2018 | 03/25/2018 | 1,000,000 |

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

Additional Insured: Lee County Board of County Commissioners, PO Box 398, Fort Myers, FL 33902

Lehigh Spring Festival, March 9-17, 2018. Hours that alcohol will be served is 6pm-9:30pm weeknights and Noon-9:30pm on the weekends.

CERTIFICATE HOLDER

CANCELLATION

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

PO BOX 398
FORT MYERS, FL. 33902
239-485-5460

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