

### **EVENT PERMIT**



Ordinance 17-08

#### KIDNEY WALK

PERMIT NUMBER:

TMP2018-00050

Date(s) of Event:

March 11, 2018 from 8:30am until 11:00am

Property Owner:

LEE COUNTY

Applicant:

NATIONAL KIDNEY FOUNDATION FL

Contact: SAVANNA LANZA

Description:

Kidney Walk is a 2K walk raising awarness and funds.

Location of event:

7330 GLADIOLUS DR FORT MYERS 33908 LAKES REGIONAL PARK\*\*\*407-894-7325

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 Facilities

Film, Video & Photography



#### **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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Fort Myers Kidney Walk
Date(s) of Event / Production:	March 11, 2018
Location(s) of Event:	Lakes Regional Park
Name of Applicant:	National Kidney Foundation of Florida
Applicant Address:	1040 Woodcock Rd Ste 119 Orlando, FL 32803
Applicant Phone Number:	407-894-7325
Contact Person: (If different from applicant)	Savanna Lanza
Contact Phone Number: (If different from applicant)	321-298-4437
Email Address:	slanza@kidneyfla.org
Estimated Attendance:	200-300
Event Description: Include each activity, when activities take place, etc.	The Kidney Walk is a non-competitive 2 k walk where families, friends, and corporations come together to raise awareness about kidney disease and funds for kidney patients in need.
Hours of Operation:	8:30-11:00 am
STRAP # of Parcel:	
Owner of Premises*:	

<sup>\*</sup>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?	
Are any temporary structures to be insta	alled for the event? ☐ Yes ☐ No	Туре:
Do you have the appropriate permits for	r the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan w	ith all proposed facilities and activities
Insurance Company Insuring the Event:	Crystal & Co.	
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	me and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌─Yes	┌ Yes	┌─ Yes
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:		
Type of Food being Served:	·	
Section II - USE OF COUNTY P	ROPERTY PERMIT	, yang galah Kompungsi (1994), gan P <u>ilit</u> a Amusahadi kecalah Pilakata Amada Afrikata (1994), dalah 1995 dan 1995
Organization Sponsoring the Event:		
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	y;
Name of Charity:		
Address of Charity:	•	
Phone Number:		
Non-profit certificate/registration num	ber:	
	Consumer Services \$496,405 or proof the organization	
	ION OF ALCHOLIC BEVERAGES P	
Is alcohol being sold/consumed on Coulf Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on Count	☐ Yes ☐ No y Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	

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

pe of Production (choose all that appl	ly):					
TV Movie or Special	TV Series / Pilot	Г	TV Comme	rcial [	Still Photos	
Public Service Announcement	Industrial / Documentary	Г	Other:			
ll any of the following be needed or i	ncluded*?			<b>k</b>		
Street Closure			┌─ Yes	┌ No		
Traffic / Crowd Control			┌ Yes	┌ No		
Fire or Burning			┌ Yes	┌─ No		
Explosives or Pyrotechnic	:S		Yes	┌ No		
Animals, Large or Small			┌─ Yes	No		
Construction of Any Kind			Yes	┌ No		
Large and/or Numerous V	/ehicles		Yes	┌ No		
Helicopters, Boats, etc.			┌── Yes	┌ No		
Stunts			Yes	┌ No		
Other			☐ Yes	┌ No		
Consider Description		····	- Maria Maria de Caracteria de	······································		
Special Parking Requirements:						
City or County Services Required: (Pe	ersonnel, equipment, facili	ities, e	tc.)			
	MATERIAL TO A CONTROL OF THE CONTROL	***************************************	-			<u></u>
The following information is required the industry. If exact figures are not a					ack the econon	nic impa
Number in Cast:	Number in Crew:		Nur	nber of locals	hired:	
Total budget:	Estimate amount sp	ent in I	Lee County:			
Hotel room nights:	Number of shooting	days:	•			
number of rooms v number	r of nights					

#### **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.

| Augusta | Many | Many



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

Check the approprio	ite box(es) beic	/W:	•	,
	UNTY PROPERTY I SELL AND CONSU	PERMIT IME ALCOHOLIC BEVERAGES WIT	THIN LEE COUNTY FACILITI	ES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PI	LEASE INDICATE BELOW WHAT LY WITH FOR THEIR EVENT.	ARRANGEMENTS YOUR C	PRGANIZATION
Parking:	Parking in author	ized areas only.		
Deputies (How Many?):	none			
Fee for Services:	none			
Special Arrangements:	none			
			and the second s	
	Print Name:	Captain J. Loethen	<u></u>	
	Signature:	Capt North	- 92149	
	Title:	Special Events, Permits and Det	ails.	
	Date:	2-14-18		



#### 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

FILM PERM	*			5 .	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	EASE INDICATE BELL WITH FOR THEIR E	OW WHAT ARRANGE VENT.	MENTS YOUR	ORGANIZATION
Fire Guards (How Many?)	N/A		-		
Fee for Services:	N/A		-		
Flammable Vegetation:	MAINTAIN CLEARAN	CE OF 10' MINIMUM A	ROUND ALL TENTS/STRUC	rures	
First Aid Equipment:	CALL 911 IF NECESSA	ARY	мент в на применя на постоя на почение на на почение на на почение на почение на почение на почение на почение	yayayininin kerimen yang di anara sana dalah di anara sanam di manara.	-
Fire Extinguishing:	N/A	`		-	
Special Arrangements:	N/A				
	Print Name: Signature:	Nate Burley Nate Burley	Digently, also well by Mate Statley. Discontinue Statley and the Statley and the Statley and the Statley as a	Sue Province 200.	
	Title: Date:	Fire Marshal 03/07/2018			



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

		`_		
Check the appropri	ate box(es) below	<i>/:</i>		
SPECIAL EV	ENT PERMIT		er e	
☑ USE OF CO	UNTY PROPERTY PE	RMIT		:
FILM PERM	1IT			
ACTED DEVIEWING THE	APPLICATION, PLE	ASE INDICATE BELOW	WHAT ARRANGEMENTS	YOUR ORGANIZATION
WILL REQUIRE THE APPL	ICANT TO COMPLY	WITH FOR THEIR EVEN	Γ.	
Treatment Facilities:	None necessary.			
		and the second s	comment. Andrew Service Account A. School and Comment	
Medical Personnel:	None necessary.			
Medical Supplies /	None necessary.			
Equipment:	None necessary.			
				55,
Safety Requirements:	No additional precau	itions necessary.		
Fee for Services	Not applicable.			•
Special Arrangements;	Please call 911 in the	event of an emergency. To	o arrange special event covera	age, contact our office at
Special Arrangements,	239 533-3911.	, ,	•	
			•	
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2018.02.07 13:17:52 -05'00'	
	Title:	Chief		ing series and the series of t
	nue.			· · · · · · · · · · · · · · · · · · ·
	Date:	02/07/2018		<del></del>



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

Check the appropri	ate box(es) belo	ow:	:	
☑ USE OF CO		PERMIT JME ALCOHOLIC BEVER	RAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PI	LEASE INDICATE BELO LY WITH FOR THEIR EV	W WHAT ARRANGEMENTS	S YOUR ORGANIZATION
Parking:	Park in designated a	areas. No event parking on	Lee County maintained road ri	ghts-of-way.
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements:	None.			
	Print Name: Signature: Title: Date:	Bryan Miller  Bryan D. Miller  Senior Project Manager  February 13, 2018	Digitally signed by Bryan D. Miller Date: 2018.02.13 08:58:23 -05'00'	<del>-</del>



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

Check the appropri	ıte box(es) belo	<b>w:</b>
SPECIAL EV	ENT PERMIT	
<b>⊠</b> USE OF CO	UNTY PROPERTY F	PERMIT
☐ PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERM	IT	
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PL ICANT TO COMPI	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	Event organizer mu	st provide own lighting if needed to safely run the event.
Parking Areas:	Park Gates Open at Parking is limited to their event parking	the designated parking areas inside Lakes Park. All vehicles are required to display
		the County and break down of race route/event signs, drink stations and
Special Arrangements:	first stations. All tra No painting or tem survey flags, real es Event banners may	esponsible for set up and break down of race route/event signs, drink stations and sh and event debris must be cleaned up and removed prior to check out. porary markings allowed on the roads or pathways. Removable directional signs (IE: tate signs and cones) are permitted. be hung at your Shelters. or vehicles are permitted on the pathways.
	- 1	
	Print Name:	Alise Flanjack
	Signature:	Stil Flyak
	Title:	Deputy Director
	Date:	2/15/18
16 drey ha	<u>U</u>	Page  10
3/11/18		



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

		•			. * ·
Check the appropriat	e box(es) belo	w:			
SPECIAL EVE	NT PERMIT				
√ USE OF COU		PERMIT		•	
PERMIT TO S	ELL AND CONSU	IME ALCOHOLIC	BEVERAGES WITH	IIN LEE COUNTY FA	CILITIES
FILM PERMIT					
AFTER REVIEWING THE A	APPLICATION, PI	LEASE INDICATE LY WITH FOR THE	BELOW WHAT A IR EVENT.	RRANGEMENTS YO	OUR ORGANIZATION
Insurance Requirements:	loccurrence to pro	eral liability insuranc otect against bodily event within-Lee Co	injury and/or proper	its of One Million Doll ty damage relative to	ars (\$1,000,000) per applicants use of
			•	,\ 	•
Special Arrangements:	A Certificate of Ir Board of County additional insure	Commissioners, P.O.	omitted as evidence . Box 398, Fort Myers	of the required covers s, FL 33902 as the certi	age listing Lee County ificate holder and as an
	Subject to proof	of insurance.			
			•		
		and the			
	Print Name:	Mike Figueroa			
	Signature:	2			
	Title:	Risk Program Man	ager		

February 13, 2018

Date:



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/9/2018

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or 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). CONTACT NAME: Sabita Bent PRODUCER PHONE (A/C, No. Ext): 646-810-3506 FAX (A/C, No): 212-504-5989 Crystal & Company Crystal IBC LLC E-MAIL ADDRESS: Sabita.Bent@crystalco.com 32 Old Slip NAIC# INSURER(S) AFFORDING COVERAGE New York, NY 10005 20281 INSURER A: Federal Insurance Company NATIKI1 INSURER B: National Kidney Foundation, Inc. INSURER C: 30 E. 33rd Street INSURER D: New York, NY 10016 INSURER E INSURER F REVISION NUMBER: **CERTIFICATE NUMBER: 836664811 COVERAGES** 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. POLICY EFF (MM/DD/YYYY) POLICY EXP **ADDLISUBR** LIMITS POLICY NUMBER TYPE OF INSURANCE INSD WVD 7/1/2017 7/1/2018 EACH OCCURRENCE \$ 1,000,000 X COMMERCIAL GENERAL LIABILITY 35956197 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE | X | OCCUR \$ 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$.2.000,000 X POLICY COMBINED SINGLE LIMIT (Ea accident) OTHER: AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ OTHE VIA BODILY INJURY (Per accident) \$ SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED PROPERTY DAMAGE \$ (Per accident) AUTOS ONLY AUTOS ONLY 7/1/2018 7/1/2017 \$ 10,000,000 EACH OCCURRENCE 79877133 X UMBRELLA LIAB OCCUR \$ 10,000,000 AGGREGATE **EXCESS LIAB** CLAIMS-MADE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A \$ E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Ft. Myers Kidney Walk Lee County BOCC is included as an additional insured as required by written contract/agreement per policy terms and condition. CK VIF 02/13/17

CERTIFICATE HOLDER	CANCELLATION
Lee County BOCC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1500 Monroe St.	AUTHORIZED REPRESENTATIVE
Ft. Myers, FL 33901	Crystal & Campany

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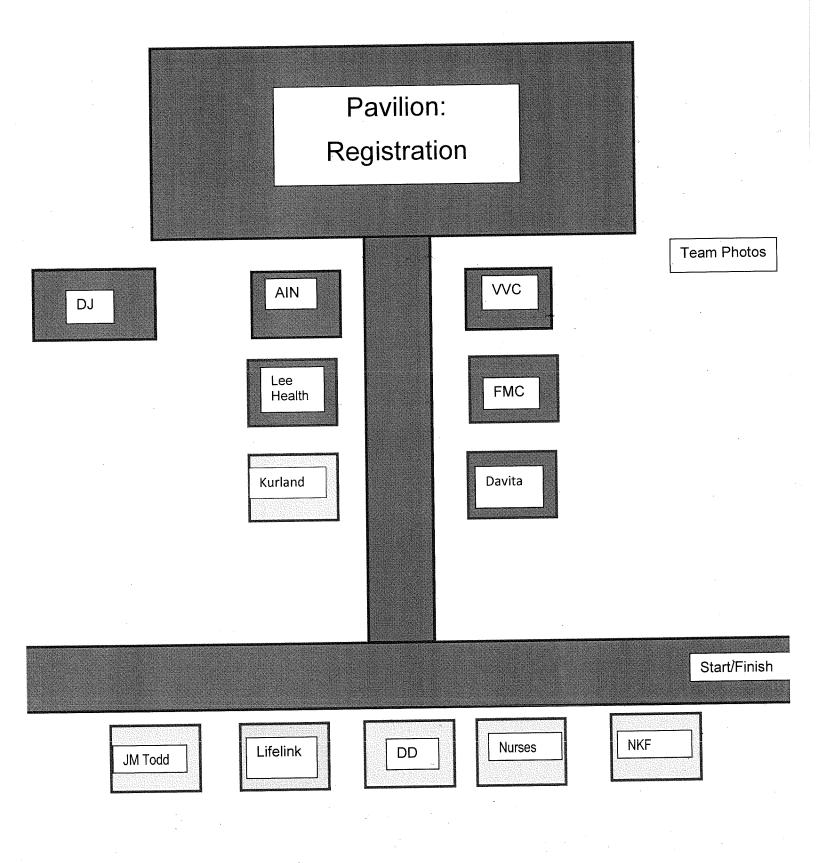
# LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

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:					
	File species and a species and				
			 	***************************************	
Other:					
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	-				
	BOURDONNESSANTY				
	Print Name:				
	****	<u> </u>			
	Signature:				
	Title:				
	****				
	Date:				



## REQUIREMENTS FOR 5K RUNS/WALKS AT LAKES REGIONAL PARK

