



# EVENT PERMIT

Ordinance 17-08



## 8TH ANNUAL GULF COAST BEACH FESTIVAL

**PERMIT NUMBER:** TMP2018-10042

**Date(s) of Event:** October 27, 2018 from 9am-4pm

**Property Owner:** LEE COUNTY

**Applicant:** DON C RYAN  
561-445-7154

**Description:** FREE COMMUNITY EVENT TO EDUCATE & RAISE AWARENESS TO AUTISM

**Location of event:** 1100 ESTERO BLVD, FORT MYERS BEACH, FL 33931  
**CRESCENT BEACH FAMILY PARK**

Will the event be attended by 1000 or more people ? Yes

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:

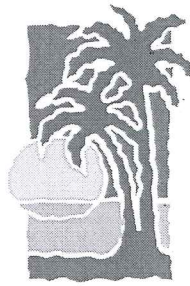
- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes 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

 9-14-18  
County Manager Date

f:\proptmt\_specialevent.rpt

10/27/18



Lee County  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP2018-10042



# 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	8TH ANNUAL GULF COAST BEACH FESTIVAL	
Date(s) of Event / Production:	10/27/18	
Location(s) of Event:	CRESCENT BEACH FAMILY PARK FMB	
Name of Applicant:	Don C Ryan	
Applicant Address:	7899 SANTA FE TRAIL BOCA RATON FL 33487	
Applicant Phone Number:	561-445-7154	
Contact Person: (If different from applicant)		
Contact Phone Number: (If different from applicant)		
Email Address:	SURFERFORAUTISM@LIVE.COM	
Estimated Attendance:	1500 - 2000	
Event Description: Include each activity, when activities take place, etc.	SEE KEY NOTES	
Hours of Operation:	9 AM - 4 PM	
STRAP # of Parcel:	244623W3000130000	
Owner of Premises*:		

\*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?

COUNTY PARK

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures?

☐ Yes

☒ No

NA

\* 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:

BOUNEAR - CERT ATTACHED

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 Providing Food:

LOCAL RESTAURANTS PREPARING OFF SITE AND

Type of Food being Served:

DELIVERING - DONATED & FREE FOR PARTICIPANTS

### 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:

SURFERS FOR AUTISM, INC

Address of Charity:

7491 N. FEDERAL HWY BOCA RATON FL 33487

Phone Number:

561-445-7154

Non-profit certificate/registration number:

CERT ATTACHED

(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:

(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

**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

Don Ryan President  
Print Name of Applicant and Title

7/13/18  
Date

  
Witness

Kimberly Ryan  
Print Name of Witness

7/13/18  
Date

Lee County Event Permit Application



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

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?):

None required

Fee for Services:

None

Special Arrangements:

Event must follow noise control ordinance 15-01 which is attached

Print Name: Lt. K. Sonier

Signature:

*[Signature]* 952087

Title:

Special Events, Permits and Details

Date:

7/16/18

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:

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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.

Fire Guards (How Many?)	None required provided by vendor
Fee for Services:	None
Flammable Vegetation:	
First Aid Equipment:	Provided by vendor
Fire Extinguishing:	All Hot Food Vendors need one fire extinguisher
Special Arrangements:	Host will provide vendor location for Fire Department Tent

Print Name: Ronald L. Martin

Signature: Ronald L. Martin Ex Asst Chief

Title: Fire Marshal

Date: 07/13/2018

Lee County Event Permit Application



**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 Fort Myers Beach Fire District for specifying EMS coverage for this event, as it falls within their response district.

Print Name: Douglas B. Higgins

Signature:

Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
DN: cn=Douglas B. Higgins, o=Lee County, Department of Public Safety,  
ou=Division of EMS, email=higgins@leegov.com, c=US  
Date: 2018.08.16 14:28:01 -0400

Title:

Division Chief

Date:

08-16-18



Lee County Event Permit Application



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

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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:

Use Lee County Sheriff's Office for assistance with traffic control. Note that the area on the north side of Estero Blvd may be in use as a staging area for the FMB widening contractor. Also the applicant should coordinate with the Town Public Works staff to insure no conflicts with upcoming FMB projects such as the TPI-FMB project.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2018.07.19 09:29:49 -04'00'

Title: Senior Project Manager

Date: July 19, 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  
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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.

Illumination:

No illumination before 7 am. Lighting will not be required or permitted.  
Park is open from 7 am to dusk.

Parking Areas:

All parking is off site. Use of on-site parking is for equipment trailer & emergency vehicles only.

Special Arrangements:

Vendor is responsible for any damages. A thorough walk-through of the park site must be made prior to the event with county representative & event coordinator.

Print Name: Alise Flanjack

Signature:

*Alise Flanjack*

Title:

Deputy Director

Date:

7/16/18

*Surfers for Autism  
Crescent Beach 10/27/18*

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> 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

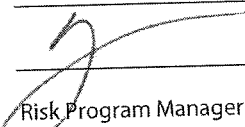
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

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.

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: July 16, 2018



# CERTIFICATE OF LIABILITY INSURANCE

SURFE-2

OP ID: BC

DATE (MM/DD/YYYY)  
01/31/2018

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.

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  
RPS Bollinger Sports & Leisure  
PO Box 390  
Short Hills, NJ 07078  
AJ Morgan

## CONTACT

NAME:

PHONE

(A/C, No, Ext):

E-MAIL

ADDRESS:

FAX

(A/C, No):

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Markel Insurance Company

38970

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Surfers for Autism, Inc.  
Kim Ryan  
7899 Santa Fe Trail  
Boca Raton, FL 33487

## 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	8502AH009680-2	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		8502AH009680-2	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance Full Excess		4102AH021771-3	01/01/2018	01/01/2019	Med Max: 25,000 Ded: \$250/Claim

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

The certificate holder is listed as an additional insured on the liability policy. Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid.

OK RE 01/16/18

## CERTIFICATE HOLDER

## CANCELLATION

LEECOU3

Lee County Board of  
County Commissioners  
2115 2nd Street  
Ft. Myers, FL 33901

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

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## REQUEST FOR FEE WAIVER

LEE COUNTY PARKS AND RECREATION  
3410 Palm Beach Boulevard  
Fort Myers, FL 33916  
Phone (239) 533-7275  
Fax (239) 485-2303

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: July 16, 2018

Name of Agency or Organization: Surfers for Autism

Contact Person: Don Ryan Phone #: 561-445-7154

Address: 7899 Santa Fe Trail, Boca Raton, FL 33487

Requested Facility & Location within that Facility: Crescent Beach Family Park

Date of Activity: October 27, 2018 Time of Activity: Community Event for Autism

Type of Activity: Recreational Community Expected Number of Participants: 2,000

Fees you are Requesting to have Waived: \$500.00

Reason applying for Fee Waiver (list benefits to Lee County if fee is waived): This entire event is FREE. They register 200 participants. Everyone who works the event are volunteers. They have 300 volunteers working the event. They expect 2,500 people. The local businesses donate food to feed everyone. In addition to teaching surfing they have face painting, they paint a fire truck, games, t-shirts, etc. It's a community event that brings in lots of local businesses and organizations. Everything is FREE. Our Blueway Coordinator works closely with them & offers events on Sunday.

### For Office Use Only

Manager/Supervisor: Approved X Denied      501-C Attached: Yes X No       
Justification: Free Community Event for families with special needs.

Signature: Kathy Loomis Date: July 16, 2018

Deputy Director of Parks and Recreation: Approved X Denied     

Justification: Free Community Event to Educate & Raise Awareness to Autism. Event allows athletes & families to enjoy activities together.  
Signature: Alise Flyack Date: 7/18/18



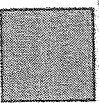


# Gulf of Mexico

HIGH TIDE LINE

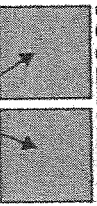


REGISTRATION



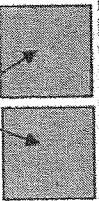
10X10

VOLUNTEERS



10X10

RAFFLE/MERCH



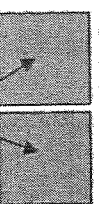
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FOOD/WATER



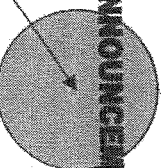
10X10

FUN & GAMES



10X10

PA/ANNOUNCEMENTS



FIRST AID

SURF / SPONSORS

10 X 10 POP UPS

AUTISM RESOURCES

10 X 10 POP UPS



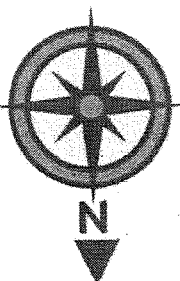
= SURFERS FOR AUTISM TENTS



= SPONSOR / RESOURCE TENTS



= MEDICAL PROVIDED BY SURFERS FOR AUTISM



SURFERS FOR AUTISM

**Dunes / Beach Access**

REFERR TO KEY NOTES FOR ALL OPERATIONS INFORMATION

**EVENT SITE TENT LAYOUT**