

EVENT PERMIT



Ordinance 17-08

2018 SWFL Fall Nationals Car Show

PERMIT NUMBER: TMP2018-10125

Date(s) of Event: December 8, 2018 from 9:00 am until 3:00 pm.

Property Owner:

LEE COUNTY

Applicant:

WAYNE WILMOTH

239-272-1895

Description:

Classic car show

Location of event:

11500 FENWAY SOUTH DR, FORT MYERS, FL 33913

Boston Red Sox- Jet Blue Park

Will the event be attended by 1000 or more people? No

Yes Will the event be held on County Owned Property?

No Will there be alcohol consumed or sold at the event?

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

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

X	SPECIAL EVENT PERMIT
_	USE OF COUNTY PROPERTY PERMIT
<u></u>	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	2018 SWFL Fall Nationals Car Show
Date(s) of Event / Production:	Decem,ber 8, 2018
Location(s) of Event:	Jet Blue Park 11500 Fenway South Dr Fort Myers, FL 33913
Name of Applicant:	Wayne Wilmoth
Applicant Address:	5121 Coldstream Ln Naples, FL 34104
Applicant Phone Number:	239-272-1895
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	waynewilmoth@comcast.net
Estimated Attendance:	1,000
Event Description: Include each activity, when activities take place, etc.	Classic car show, cars arrive and park, awards are given and everyone leaves
Hours of Operation:	9am - 3pm
STRAP # of Parcel:	#24-45-25-02-00001.000, #24-45-25-02-00002.0000; #24-45-25-02-00003.0000; #24-45-25-02-00004.0000; #24-45-25-02-00005.000
Owner of Premises*:	Boston Red Sox - Jet Blue Park

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



Fill out the following questions for allpermit types:

further details

Fill out the following	questions for all	iperiiit types.			
What is the Zoning Cla	ssification of the p	oremises? 3			
Are any temporary str	uctures to be insta	lled for the event?	Yes 🔀 No T	ype:	
Do you have the appro	opriate permits for	the temporary structur	res?	T Yes T N	
· I - +: Find including	all narking areas.	y Property' permit, sub			ies and activities
Insurance Company Ir	nsuring the Event:	Boston Red Sox - Americ	an Specialty Insuran	ice	
Note: Certificate of Insura	nce must be submitted	d at time of application			
Surety Company Bon	ding this Event (Na	nme and Address):			
Will Vehicles be Use Even		Will Food be Availabl	e at this Event?	Will Alcoholic served/consume	d at this Event?
⊤ Yes	⊠ No	▼ Yes	┌ No	Yes	⊠ No
If yes, automobile c included on the certif	overage must be icate of insurance.	If yes, products liability included on the certific	coverage must be cate of insurance.	If yes, liquor liability included on the cert	or coverage must be of insurance.
Name & Address of Providing Food:	Organization Ja	at Blue Park Concessions			
Type of Food being	Served: Ballpark				
Section II - USI	E OF COUNTY I	PROPERTY PERMIT	Г		
Organization Spons	soring the Event: _				
Fill out this portion	for applications f	or Solicitation in the Co	ounty Rights-of-Wo	ay:	
Name of Charity:					
Address of Charity	:				
Phone Number:					
(Proof of registration wit	ate/registration nu	e & Consumer Services §496.40	5 or proof the organization	on is exempt from this requ	uirement. §316.2045)
Section III - SA	ALE/CONSUMI	PTION OF ALCHOL	IC BEVERAGES	PERMIT	
Is alcohol being so	old/consumed on C y Alcohol Permit" is requi	County Property? red. Only non-profit organization	ons can sell alcohol on Cou		⊠ No
Non-profit certific	cate/registration n	umber:		*	U (220) 244 0005 £
Please note: A permi	it from the State of Flo	rida Division of Alcoholic Bev	verages and Tobacco m	nay also be required; plea	ise call (239) 344-0665 II

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

ALAN WAYNE WILMOTH

Print Name of Applicant and Title

10/7/18

Date

A .

Print Name of Witness

10/7/2018

arry and



1903 1912 1915 1916 1918 2004 2007

October 5th, 2018

To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant RP Charities INC. with a place of business at 5121 Coldstream Lane Naples, FL 34104 permission to access land owned by NESV Florida Real Estate and surrounding parking lots located at 11500 Fenway South Drive for the dates of December 8th Event. Set up 7th and take down 9th and 10th of December.

The times for each day are as followed:

December 7^{th} 2018 - Set-Up 7:00 am to 8:00 pm. December 8^{th} 2018 - Event 9:00 am to 3:00 pm. December 9^{th} + 10^{th} 2018 - Load out 7:00 am to 8:00 pm.

The parcels of land used for the fair have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely,

Jay Fandel

Manager of Florida Ballpark Operations |

Boston Red Sox | JetBlue Park

11500 Fenway South Drive| Fort Myers, FL | 33913

Phone: 239-226-4734 | Cell: 239-989-7477

Fax: 239-226-4767

Email: ifandel@redsox.com

MARLENYN GARCIA Notary Public - State of Florida Commission # FF 967921 My Comm. Expires Mar 6, 2020

State of Florida

County of Lee

Subscribed and sworn to (priaffirmed) before meitins 5th day of Octob 2018

By Jay Fundel

Personally nown OR produced interchation Type of identification produces Dvive Lieu

My Commission Expires 1 10th (202)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/09/2018

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 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

th	nis certificate	does not	confer rights t	o the	certi	ificate holder in lieu of su).	•			
PRO	PRODUCER						CONTACT NAME:						
Am	ierican Speci	alty Insurar	nce & Risk Servi	ces, I	nc.		PHONE (A/C, No	, Ext): 260-96	9-5203		FAX (A/C, No):	260-9	69-4729
dba	a A S Insurar	ce & Risk S	Services Agency	•			E-MAIL ADDRES					,	
76	09 W. Jeffers	on Blvd., S	uite 100							DING COVERAGE			NAIC#
Fo	rt Wayne					IN 46804	INSURE	RA: Arch Ins	surance Comp	oany			11150
INSL	IRED						INSURE	RB:					
Offi	ce of the Con	nmissioner	of Baseball - Ev	ents			INSURE	RC:					
245	Park Avenue	, 34th Floo	r				INSURE	RD:					
							INSURE	RE:					
Nev	v York			N	Y 10)167	INSURE	RF:					
CO	VERAGES		CER	TIFIC	CATE	NUMBER: 1001606004				REVISION NUI	MBER:		
IN C	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	т	PE OF INSUR	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
		CIAL GENERA	AL LIABILITY							EACH OCCURREN		\$ 1,00	00,000
	CLA	MS-MADE	OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$ 1,00	00,000
		_								MED EXP (Any one		\$ Exc	luded
Α				N		SSCGL0002001		02/01/2018	02/01/2019	PERSONAL & ADV	INJURY	\$ 1,00	00,000
	GEN'L AGGRE	GATE LIMIT A	PPLIES PER:							GENERAL AGGRE	SATE	\$ 2,00	00,000
	POLICY	PRO- JECT	LOC							PRODUCTS - COM	P/OP AGG	\$ 2,00	00,000
	X OTHER:	EVENT										\$	
	AUTOMOBILE	LIABILITY								COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUT	o								BODILY INJURY (P	er person)	\$	
	OWNED AUTOS C	NLY	SCHEDULED AUTOS							BODILY INJURY (P		\$	
	HIRED AUTOS C	NLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
												\$	
UMBRELLA LIAB OCCUR								EACH OCCURREN	CE	\$			
EXCESS LIAB CLAIMS-MADE								AGGREGATE		\$			
	DED	RETENTIC								l DED	OTU	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER					
	ANYPROPRIET OFFICER/MEMI		EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in	NH)								E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION	OF OPERATION	ONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - The Certificate Holder (Tenant User) is a Named Insured, but only with respect to CAR SHOW on December 08, 2018.													
							CANO	CELLATION					
	RP CHARITIES INC.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
512	1 COLDSTR	EAM LANE	1				AUTHO	RIZED REPRESE	NTATIVE		- L		
NA	PLES			F	L 34	1104	Drew Sunt						



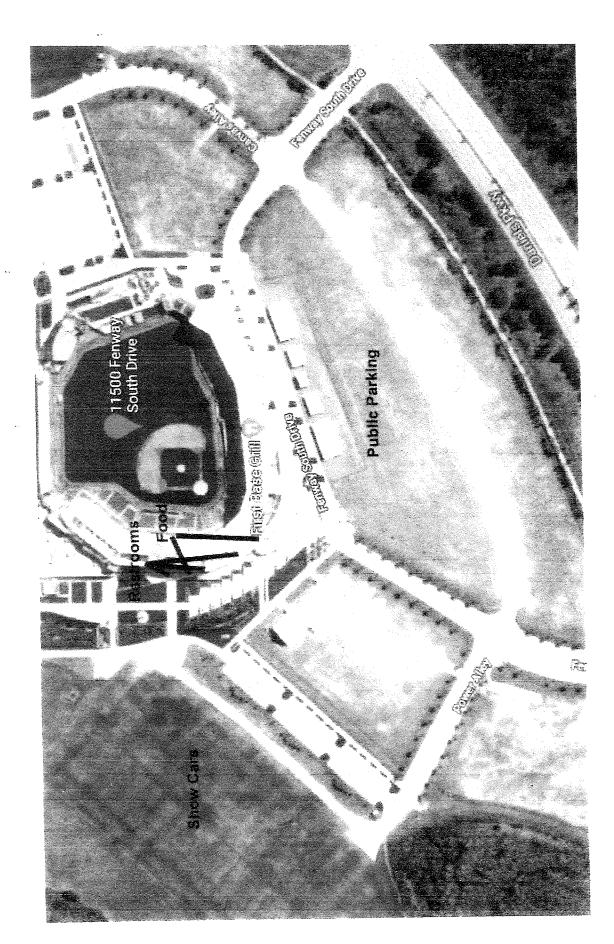
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/09/2018

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 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).

tł	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTAC NAME:						
Am	erican Specialty Insurance & Risk Serv	ces,	nc.		PHONE (A/C, No	260-96	9-5203		FAX (A/C, No):	260-9	69-4729
dba	a A S Insurance & Risk Services Agency	/			E-MAIL ADDRE	SS:					
760	9 W. Jefferson Blvd., Suite 100						URER(S) AFFOR	DING COVERAGE			NAIC#
Fo	t Wayne			IN 46804	INSURE	RA: Arch Ins	surance Comp	oany			11150
INSL	RED			:	INSURE	RB:					
Offi	ce of the Commissioner of Baseball - Ev	ents			INSURE	RC:					
245	Park Avenue, 34th Floor				INSURE	RD:					
					INSURE	RE:					
Nev	/ York	N	Y 10)167	INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 1001606005				REVISION NUM	IBER:		
C	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.							VHICH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	INSD	WVD	T GETO : NOMBER		(MANUSON 1311)	(14114)	EACH OCCURRENC		\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 1,00	00,000
								MED EXP (Any one		_{\$} Exc	luded
Α		Υ		SSCGL0002001		02/01/2018	02/01/2019	PERSONAL & ADV		\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC		\$ 2,00	00,000
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$ 2,00	00,000
	X OTHER: EVENT									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Po	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Po	- 1	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident))E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE		}					AGGREGATE		\$	
	DED RETENTION \$	<u> </u>						155		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POL	ICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - The Certificate Holder is only an Additional Insured with respect to liability caused from the negligent acts or ommissions of the Tenant User but only with respect to CAR SHOW (RP CHARITIES INC.) on December 08, 2018.											
CE	RTIFICATE HOLDER				CANO	ELLATION					
Boston Red Sox Baseball Club Limited Partnership, New England Sports Ventures LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC; N.E.S.V. IV, LLC; Lee County Board of County Commissioners and NESV Florida Real Estate, LLC											
					AUTHORIZED REPRESENTATIVE Drew Sund						
l			1 seur mi								





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

FILM PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	·
Safety Requirements:	No additional precau	utions necessary.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To arrange special event coverage, contact our office at
	Print Name: Signature: Title:	Douglas B. Higgins Douglas B. Higgins Digitally-tigned by Douglas B. Higgins DN can-Douglas B. Higgins. On-Re County. Department of Public Safety. Ones: 2018.18.16.16.132228-04007 Division Chief
	Date:	10-16-18



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

	Check	the o	appro	priate	box	es)	below.
--	-------	-------	-------	--------	-----	-----	--------

▼ SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

FILM PERM	1IT			
AFTER REVIEWING THE WILL REQUIRE THE APPI			W WHAT ARRANGEMENT ENT.	S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking or	Lee County maintained road r	ights-of-way.
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements	Library County Ch			
Special Arrangements:	Use Lee County Sr	ieriit's Office for assistance	with traffic control as needed.	
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.10.09 15:19:52 -04'00'	_
	Title:	Senior Project Manager		_
	Date:	October 9, 2018		_



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

Check the appropri	ate box(es) below:
	ENT PERMIT
☐ USE OF CO	UNTY PROPERTY PERMIT
•	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	2 for traffic control at West gate.
Fee for Services:	\$50/hr per deputy + \$15 vehicle fee each
Special Arrangements:	None
-	
	Print Name: 11110 1110
	Print Name: Lt. K. Sonier
	Signature: Ju John 93087

Special Events, Permits and Details

Title:

Date:



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

Check the appropriat	te box(es) bel	'ow:
	NT PERMIT	
USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	Γ	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an
	Subject to proof	of insurance.
	Drint Name	Miles Et annual and a second an
	Print Name:	Mike Figueroa
	Signature:	1)
	Title:	Risk Program Manager
	Date:	October 9, 2018



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

Check the appropri	ate box(es) be	low:
SPECIAL E\	ENT PERMIT	
⋉ USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ЛІТ	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	All illumination mu	ust follow county ordinance and FAA regulations
Parking Areas:		ust ensure that parking is restricted to designated areas and ensure that driveways ain accessible for emergency vehicles.
Special Arrangements:		vent with both the Red Sox staff and the on-site Parks and Recreation staff. Must areas are clean and free of trash and debris at the conclusion of the event.
	,	
	Print Name:	Alise Flanjack
	Signature:	Alse Flagak
	Title:	Deputy Director

SWFL Fall National Corston Jet Blue 12/8/18

Date:

Page |10



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 E	VENT PERMIT			
USE OF CO	DUNTY PROPERTY	PERMIT		
FILM PERI	MIT			
FTER REVIEWING THE WILL REQUIRE THE APPL			LOW WHAT ARRANGEMENTS EVENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
ee for Services:	N/A			
Flammable Vegetation:	MAINTAIN CLEARAI	NCE OF 10' MINIMUM A	ROUND ALL TENTS/STRUCTURES	
First Aid Equipment:	CALL 911 IF NECESS	ARY		
Fire Extinguishing:	N/A			
Special Arrangements:	N/A			
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2018.10.24 13:53:32 -04'00'	
	Title:	Fire Marshal		
	Date:	10/24/2018		