

#### **EVENT PERMIT**



Ordinance 17-08

#### BANGLAFEST 2019

PERMIT NUMBER: TMP2018-10130

Date(s) of Event: MARCH 2, 2019

Property Owner:

LEE COUNTY

Applicant:

AMIN HOQUE 239-560-5903

Description:

BANGLADESHI CULTURAL ACTIVITY, DANCE (CLASSICAL), SONGS

(CULTURAL)

Location of event: 9200 CORKSCREW PALMS BLVD, ESTERO, FL 33928

**FSTERO COMMUNITY 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

County Manager Date

ftmpprmt specialevent.rpt



## **Event Application**

**Special Event** 

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

mp2018-10130



#### **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	
Title of Event / Name of Production	BANGLAFEST 2019
Date(s) of Event / Production:	March 02 2019
Location(s) of Event:	Esten community park
Name of Applicant:	BASSFL
Applicant Address:	13300-56 South execution AV H myen plagait
Applicant Phone Number:	239 560 5903
Contact Person: (If different from applicant)	Amin Hoove
Contact Phone Number: (If different from applicant)	239 560 5903
Email Address:	mhoque 27 @ hot mail, com
Estimated Attendance:	
Event Description: Include each activity, when activities take place, etc.	songs (cultural activity, Dence (Classic
Hours of Operation:	12 - 6
STRAP # of Parcel:	Estero per 12-3441025 EHO100 CO17A
Owner of Premises*:	4

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



#### Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of the p	oremises?	M M M C	ite ba	r × _
Are any temporary structures to be insta	lled for the event?	√Yes ┌ No	Type: T	ents
Do you have the appropriate permits for	the temporary stru	uctures?	Yes	☐ No
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.				
Insurance Company Insuring the Event:	Acord	( att	rchment?	)
Note: Certificate of Insurance must be submitted	at time of application	East Mo	win stree	I INS GRAVICE IN
Surety Company Bonding this Event (Na	me and Address):	Po Box 1	796, gr	) 1 , NS Gervice IN 155 Volley CA 95
Will Vehicles be Used as Part of This Event?	Will Food be Avai		served/co	oholic Beverages be onsumed at this Event?
☐ Yes ☐ No	Yes	No	П	es No
If yes, automobile coverage must be included on the certificate of insurance.		lity coverage must be tificate of insurance.		r liability coverage must be the certificate of insurance.
Name & Address of Organization Providing Food:	Local f	vod Ve	ndors	
Type of Food being Served: Bows	1 adomi	food		
Section II - USE OF COUNTY PR			ra materian in income a ministrativa meteoria.	ng kanakanan kananda niwa niwa samena an melapana kene melaba kanin.
and the second state of the second second second to the second se			ym ogynaetagyseka a gwa gwyna y yn ac yn ac menwe a na	
Organization Sponsoring the Event:		D'. L		
Fill out this portion for applications for	Solicitation in the C	County Rights-of-	Nay:	
Name of Charity:				
Address of Charity:				
Phone Number:				
Non-profit certificate/registration numb	er:			
(Proof of registration with the Dept. of Agriculture & C	onsumer Services §496.40	)5 or proof the organiza	tion is exempt from th	is requirement. §316.2045)
Section III - SALE/CONSUMPTION	ON OF ALCHOL	IC BEVERAGE	S PERMIT	NIB
Is alcohol being sold/consumed on Coun If Yes, then a "Lee County Alcohol Permit" is required.	ty Property?	ons can sell alcohol on Co	Yes Yes	No
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	er: 			
Please note: A permit from the State of Florida D	ivision of Alcoholic Bev	erages and Tobacco r	nay also be required;	please call (239) 344-0885 for



Section IV - FILIVI / VIDEO	/ PHOTOGRAPHY PERIVITI		NIH	
ype of Production (choose all that	: apply):		and a many character or a contract of a many of the gibt, in all regions a	
TV Movie or Special	TV Series / Pilot	TV Con	nmercial   Still Ph	1 1
Public Service Announcement	☐ Industrial / Documentary	Other:	_Ameteov	Dropoder.
Vill any of the following be neede	d or included*?			•
Street Closure		┌ Ye	s No	
Traffic / Crowd Cont		r Ye	s <b>F</b> No	
Fire or Burning		<b>┌</b> Ye	s	
Explosives or Pyrote	chnics	┌ Ye	s	
Animals, Large or Sm	nall	┌ Ye	s No	
Construction of Any	Kind	┌ Ye	s No	
Large and/or Numer		┌ Ye	s No	
Helicopters, Boats, e	tc.	┌ Ye	s No	
Stunts		┌ Ye	s	
Other		┌ Ye	s No	
Special Parking Requirements:				
City or County Services Required	: (Personnel, equipment, facilitie	es, etc.)		NATIONAL PROPERTY OF THE PROPE
ar allana i alamananahanna at 1904 500 mit lii. 1908 1909 appena i annonjanjanoninon oti antinin		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The following information is requ the industry. If exact figures are		•		economic impact o
Number in Cast:	Number in Crew:		Number of locals hired:	
Total budget:	Estimate amount spen	t in Lee Count	ty:	
Hotel room nights:	Number of shooting d	ays:	and a factor of the factor of	
number of rooms x r	sumber 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.

Arone	m. Rehnen
Signature of Applicant	Witness
Amin HOOUE	Marche Rohmon
Print Name of Applicant and Title	Print Name of Witness
11/1/18	11/1/18
Date	Date



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

	JNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WI' IT	THIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ICANT TO COMPLY WITH FOR THEIR EVENT.	ARRANGEMENTS YOUR ORGANIZATION
Parking:	Parking in authorized areas only.	
Deputies (How Many?):	None	
Fee for Services:	None	
Special Arrangements:	None	
	Print Name: Lt. K. Sonier  Signature: J. J. Jan 950  Title: Special Events, Permits and  Date: 1/12/18	Details



#### 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 appropri	ite box(es) below:	
FILM PERM	UNTY PROPERTY PERMIT	
AFTER REVIEWING THE A WILL REQUIRE THE APPLI	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.	
Fire Guards (How Many?)	N/A	Contraction on any and any or any or any
Fee for Services:	N/A	
Flammable Vegetation:	N/A	-
First Aid Equipment:	Call 911 for Emergencies	
Fire Extinguishing:	Call 911 for Emergencies	-
Special Arrangements:		
	Print Name: Scott Danielson  Signature: Title: Lt. Fire Prevention	
	Date: 11/7/2018	



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

Check the appropri	ate box(es) belo	w:					
SPECIAL EV	/ENT PERMIT						
▼ USE OF CO	UNTY PROPERTY P	PERMIT					
FILM PERM	<b>IIT</b>						
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.					
Treatment Facilities:	None necessary.						
Medical Personnel:	None necessary.						
Medical Supplies / Equipment:	None necessary.						
Safety Requirements:	No additional precau	No additional precautions 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:	Douglas B. Higgins					
	Signature:	Douglas B. Higgins  Distribly signed by Douglas & Higgins  Distribly signed by Douglas & Higgins  Distributed State Courty, Department of Public Safety, including of Edits, Install-displaying expect courty, Department of Public Safety, including a State State 11 did 15-res 21-res 700					
	Title:	Division Chief					
	Date:	11-06-18					



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

•			-	
Check the appropri	nte box(es) belo	w:		
SPECIAL EV	ENT PERMIT			
□ USF OF CO	JNTY PROPERTY F	PERMIT		
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERA	AGES WITHIN LEE COUNTY	' FACILITIES
FILM PERM			·	
Name of the second seco				
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PL ICANT TO COMPL	EASE INDICATE BELOW Y WITH FOR THEIR EVE	/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Parking:	No event parking or	n Lee County maintained ro	ad rights-of-way.	
	The state of the s			
Ingress and Egress:	Use all established	means of ingress and egress	5.	
Special Arrangements:	None.			
			•	
	-			
				•
	Print Name:	Bryan Miller		_
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.11.07 13:32:22 -05'00'	- <sub>1</sub> ,
	Title:	Senior Project Manager		
* 4	Date:	November 7, 2018		_



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

Check the appropri	ate box(es) belo	ow:
P ·	UNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	The event organize	r is to provide own lighting if needed.
Parking Areas:	Organizers may dro then remove vehic at 239-851-0995 St	se designated parking area in the parking lots. No vehicles on the central lawn area. op off supplies via the service road between the Rec Center and the Chiller area and les. For overflow parking, contact Select Real Estate Office Manager, Stephanie Miller ephanie@selectre.net and also contact Keith at Collier Association Management at obtain authorization to use their respective parking lots. vehicles must not block
Special Arrangements:	a dumpster if food or signs are permit Outdoor restrooms Parks Gates open a Rec Center restroo	or any inflatable devices, must use water barrels or sand bags. Organizers must order vendors are on site and portable toilets if needed at organizers expense. No Banners ted outside of the park boundaries. so open at 7:00 am and close at 9:00 pm at 6:00 am mrs open Sat and Sun at 9:00 am - 5:00 pm are searley at 239-771-1079 or the Rec Center at 239-498-0415 for questions
	Print Name:	Alise Flanjack
	Signature:	Alie Flyck
	Title:	Deputy Director
	Date:	November 8, 2018

Bangla Fest Storo Park 3/2/19



# 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	ow:
SPECIAL EVE	NT PERMIT	
▼ USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	Г	
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pro	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:	A Certificate of Ir Board of County additional insure Subject to proof	
		Mike Figueroa
	Signature:	Detay Japaneses
	Title:	Risk Program Manager
	Date:	November 6, 2018



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/06/2018

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	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				CONTA	OT Will Mad				
	East Main Street Insurance Services, Inc.				NAME:	(F20) (	77-6521	FAX (A/C, No):	-	
	Will Maddux				(A/C, No E-MAIL ADDRES	. EAD.	eventhelper.			
	Box 1298				AUUHE			DING COVERAGE		NAIC#
	ass Valley			CA 95945	INCIDE		Syndicate 262			AA-1128623
INSU			,-,-,-	5,1 550 10			Syndicate 623			AA-1126623
1,400	BASSFL				INSURE		,			
	Sam Chatterjee				INSURE					
	13300-56 South Cleveland Av	Ve.			INSURE					
	Fort Meyers	••		FL 33907	INSURE					
		TIFIC	ATE	NUMBER:	INSURE	Rr.		REVISION NUMBER:		
т	HIS IS TO CERTIEY THAT THE POLICIES	OF I	NSUR	RANCE LISTED BELOW HAV	/E BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	E POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F	QUIF	EMEN	NT, TERM OR CONDITION	OF AN	CONTRACT	OR OTHER D	OCUMENT WITH RESPECT TO	T TO \	WHICH THIS
C	ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH F	POLI	AIN, CIES.	LIMITS SHOWN MAY HAVE	BEEN F	EDUCED BY	PAID CLAIMS.	HEREIN IS SUBJECT TO	, ALL I	TE TERMO,
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 3	
LIK	COMMERCIAL GENERAL LIABILITY	mau	WVD					EACH OCCURRENCE	\$ 1,01	00,000
	X CLAIMS-MADE OCCUR						ĺ	DAMAGE TO RENTED PREMISES (other than fire)	\$ 1,00	
	X Host Liguor Liability							MED EXP (Any one person)	\$ 5,00	00
Α	Retail Liquor Liability	Υ		EH-771318-L1567758		03/02/2019	03/03/2019	PERSONAL & ADV INJURY	\$ 1,00	00,000
(	GEN'L AGGREGATE LIMIT APPLIES PER:				)		 	GENERAL AGGREGATE	\$ 2,0	00,000
	POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG	\$ INC	LUDED
	OTHER:							Deductible	\$ 1,0	00
<del> </del>	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ſ	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOS ONLY ACTOS ONLY								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	A A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	li yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
Се	rtificate holder listed below is named as	addit	ional	insured per attached CG 2	0 26 07	' 04.				
Att	endance: 300. Event Type: Festival & Cu	ultura	I Eve	nt - Outdoor.				sr :		and the line
Le	e County, a political subdivision and Cha pards to General Liability	rter i	Count	ty of the State of Florida, its	s agent	s, employees	, and public o	miciais are named as addi	uonai ii	nsureas in
100	ards to General Clabinty			Ok 11/06/201	8					
				Filler Live	No Specify (					
			and the state of t							
CE	RTIFICATE HOLDER	***************************************			CAN	ELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
MINCHEST	Lee County Board of County	Com	missi	ioners	AUTHORIZED REPRESENTATIVE					
	PO Box 398				11/11 Ma Lavo					
	FF . 9.5			E: 00000	\MM2\1\1000000000					

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FL 33902

Fort Myers

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

Policy Number: EH-771318-L1567758

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)				
Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations				

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2018

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).

PRODUCER			NAME: Will Mad		PIV		
East Main Street Insurance Services, Inc.			PHONE (A/C, No, Ext): (530) 477-6521 FAX (A/C, No):				
Will Maddux			E-MAIL ADDRESS: info@theeventhelper.com				
PO Box 1298			INS	NAIC#			
Grass Valley		CA 95945	INSURER A : Lloyds S			AA-1128623	
INSURED			INSURER B : Lloyds :	Syndicate 623		AA-1126623	
BASSFL			INSURER C:				
Sam Chatterjee			INSURER D :				
13300-56 South Cleveland A	ve		INSURER E :				
Fort Meyers		FL 33907	INSURER F :				
COVERAGES CER	TIFICATI	E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS	
INSR TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY					23 70 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1,000,000	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (other than fire) \$	1,000,000	
X Host Liquor Liability					terms man (range and parameter)	5,000	
A Retail Liquor Liability	Y	EH-771318-L1567758	03/02/2019	03/03/2019	PERSONAL & ADV INJURY \$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	1			<u> </u>	GENERAL AGGREGATE	2,000,000	
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	INCLUDED	
OTHER:					Deductible 5	1,000	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	3	
ANY AUTO					BODILY INJURY (Per person) \$	5	
OWNED SCHEDULED					BODILY INJURY (Per accident) \$	3	
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	3	
AUTOS ONLY AUTOS ONLY					(1 01 20010011)	\$	
UMBRELLA LIAB OCCUR	<del>                                     </del>				EACH OCCURRENCE S		
EXCESS LIAB CLAIMS-MADE					AGGREGATE		
CLAINS III CL				]	. 5		
DED   RETENTION \$   WORKERS COMPENSATION					PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	3	
OFFICERMEMBER EXCLUDED? (Mandatory in NH)	N/A		E.L. DISEASE - EA EMPLOYEE \$		<b>S</b>		
If yes, describe under DESCRIPTION OF OPERATIONS below				<u>'</u>	E.L. DISEASE - POLICY LIMIT		
BESCRIPTION OF OPERATIONS DEIDW	+-+-						
	, commence						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	ile, may be attached if mor	e space is require	ed)		
Certificate holder listed below is named as							
Attendance: 300, Event Type: Festival & C	ultural Ev	ent - Outdoor.	20 20 07 04.				
/ / moridance: eee, event type: teaster = =							
CERTIFICATE HOLDER			CANCELLATION				
CENTIFICATE HOLDEN			- T'VI I W ME BURNET'S C I WITTE				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Estero Community Park  AUTHORIZED REPRESENTATIVE							
9200 Corkscrew Blvd				11/2	1 Maddigo		
Estero CA 33928							

Policy Number: EH-771318-L1567758

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
Estero Community Park 9200 Corkscrew Blvd Estero, CA 33928
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



## Receipt

DATE: Policy #: 10/29/2018 L1567758

www.TheEventHelper.com

1020 McCourtney Rd. Suite B, Grass Valley, CA 95949

(530) 477-6521

**Event Holder / Insured** 

BASSFL

Sam Chatterjee 13300-56 South Cleveland Ave Fort Meyers, FL 33907

**Payment From** 

Mohammad Hoque

Card Number: \*\*\*\* \*\*\*\* 0910

Card Type: Visa

**Policy Limits** 

Each Occurrence (Includes \$1,000,000

Bodily Injury and Property

Damage)

Personal & Advertising \$1,000,000

Injury

Products / Completed INCLUDED

Operations Aggregate

General Aggregate \$2,000,000 Medical Payments \$5,000

Medical Payments

Liquor Liability

Waiver of Subrogation

Additional Insured(s)

Hired & Non-Owned Auto

Deductible

**Event Details** 

Festival & Cultural Event - Outdoor

Attendance: 300 people Event Length: 1 day(s)

Cost Breakdown

Premium:

Stamping Fee:

Tax:

Host RPG Fee:

Not

Not Included

Included

Included

\$1,000

\$ 5.52 \$ 75.68

\$ 0.00

\$ 184.00

\$ 0.37

**Refund Policy** 

Date of this notice: 10-19-2017

Employer Identification Number: 82-3146985

Form: SS-4

Number of this notice: CP 575 B

LA FIESTA PARTY RENTAL LLC YOEL BERMUDEZ MBR 1708 HENRY AVE LEHIGH ACRES, FL 33972

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-3146985. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575B

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LAFI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 10-19-2017 ( ) -

EMPLOYER IDENTIFICATION NUMBER: 82-3146985

FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Maldaldaldaldalladlaallaaldaldaldal LA FIESTA PARTY RENTAL LLC YOEL BERMUDEZ MBR 1708 HENRY AVE LEHIGH ACRES, FL 33972

#### Electronic Articles of Organization For Florida Limited Liability Company

L17000184203 FILED 8:00 AM August 16, 2017 Sec. Of State tburch

#### **Article I**

The name of the Limited Liability Company is: L.A. FIESTA PARTY RENTAL LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

1708 HENRY AVE LEHIGH ACRES, FL. 33972

The mailing address of the Limited Liability Company is:

1708 HENRY AVE LEHIGH ACRES, FL. 33972

#### **Article III**

The name and Florida street address of the registered agent is:

YOEL BERMUDEZ 1708 HENRY AVE LEHIGH ACRES, FL. 33972

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: YOEL BERMUDEZ

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

L17000184203 FILED 8:00 AM August 16, 2017 Sec. Of State tburch

Title: MGR YOEL BERMUDEZ 1708 HENRY AVE LEHIGH ACRES, FL. 33972

Title: MGR MARIA GONZALEZ 1708 HENRY AVE LEHIGH ACRES, FL. 33972

#### Article V

The effective date for this Limited Liability Company shall be:

08/16/2017

Signature of member or an authorized representative

Electronic Signature: YOEL BERMUDEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

### Certificate of Flame Resistance



Registered Fabric or Concern Number Issued By:

Trivantage, LLC

1831 North Park Ave.



Date treated or manufactured:

F-12123	Glen Raven, NC 27	217	10/06/2015		
This is to certify that the mate nonflammable.	rials described below have t	een treated with a flame-retardant ch	emical or are inherently		
FOR A 1 TENTS AND	STRUCTURES	ADDRESS: 234 WEST 24T	HST		
CIN HIALEAH		STATE: FL 33010			
Certification is hereby made t	hat: (Check "a" or "b")				
approved and r	edistered by the State Fire A	Certificate have been treated with a fl larshal and the application of said chi he Rules and Regulations of the Stati	emical was done in conformance		
Name of ohem	ca: used	Chemical	Registration #		
Vethod of appl	ication				
	scribed at the bottom of this approved by the State Fire N	Certificate are made from a flame-res farshal for such use.	sistant fabric or material		
Trade Name of fabric or materi	f flame-resistant ial used: RENTEF	RS CHOICE 16 OZ	egistration #: F-12123		
The Fla	me-Retardant Process L	sed Will Not Be Removed B	By Washing		
ALBERT E JOHNSON		VICE PRESIDENT.	BUS. DEVELOPME		
Name of Applicator or Produ	ction Superintendent	Title			
RCN#	0000000000102859	6148 000000000			
CUSTOMER ORDER NO.					
CUSTOMER INVOICE NO. 1015103  VARDS OR CHANTITY 503.00					

We hereby certify the above to accurately reflect the information contained within a "CERTIFICATE OF FLAME RESISTANCE" issued. Trivantage LLC from the registrant set forth above. A copy of the original Certificate of Flame Resistance is available upon request to Trivantage. LLC and the registration information set forth above is on record with the California State Fire Marshall.

Renter's Choice Blackout 61" 16-oz White (Standard Pack 100

A 1 TENTS AND STRUCTURES 234 WEST 24TH ST

MAILING ADDRESS

YARDS OR QUANTITY

DESCRIPTION

ITEM NUMBER

Yards)

968340

## STA PARTY RENTAL, INC. 239-303-1108 239-561-7040 239-304-8 insured

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