

EVENT PERMIT



Ordinance 17-08

NOVEMBER ANNUAL MEMBERSHIP MEETING

PERMIT NUMBER: TMP2018-10136

Date(s) of Event: NOVEMBER 15, 2018

Property Owner:

LEE COUNTY

Applicant:

WESLEY LOCKE

941-268-0568

Description:

CHAMBER MEMBERSHIP MEETING WHERE WE WILL ANNOUNCE NEW

BOARD MEMBERS, DISCUSS UPCOMING EVENTS, AND HAVE A MEMBERSHIP

NETWORKING PORTION

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921

BOCA GRANDE COMMUNITY HOUSE

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?

To Be Consumed

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

11-13-18



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Boca Chamber Annual Meeting in Crowninshield House Application - November 15th, 2018

1mp2018-10134



Event Application

Section L. GENERAL INFORMATION (All Permit Types)	
FILM PERMIT	
PERMIT TO SELA CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	:S
USE OF COUNTY PROPERTY PERMIT	
SPECIAL EVENT PERMIT	
Check the appropriate box(es) below:	

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	November Annual Membership Meeting
Date(s) of Event / Production:	November 15, 2018
Location(s) of Event:	Boca Grande Community House 131 1st St. W Boca Grande, FL 33921
Name of Applicant:	Boca Grande Area Chamber of Commerce
Applicant Address:	P.O. Box 704 471 Park Ave. Suite 3, Boca Grande, FL 33921
Applicant Phone Number:	(941) 964-0568
Contact Person: (If different from applicant)	Wesley Locke
Contact Phone Number: (If different from applicant)	(941) 268-1331
Email Address:	info@bocagrandechamber.com
Estimated Attendance:	50-75
Event Description: Include each activity, when activities take place, etc.	It is a Chamber membership Meeeting where we will announce new board members, discuss upcoming events, and have a membership networking portion.
Hours of Operation:	5:00 - 8:00 pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	14432001000050010

^{*}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 t	he prer	nises? 🔀	blic fac	, lity	
Are any temporary	structures to be i	nstalled	I for the event?	☐ Yes ☐ No	Туре:	
Do you have the ap	propriate permits	for the	e temporary stru	ctures?	Yes	No No
* For a 'Special Eve indentified, includir		s.		submit a site plan wi	th all proposed fa	cilities and activities
Insurance Company	/ Insuring the Eve	nt: Ital	iano Insurance (Co.		
Note: Certificate of Insu	urance must be subm	itted at t	ime of application			
Surety Company Bo	onding this Event	(Name	and Address):	I/A		
Will Vehicles be U	sed as Part of Thi	5 W	'ill Food be Avai	able at this Event?		lic Beverages be med at this Event?
☐ Yes	⊳ No	-	X Yes	No No	🔀 Yes	Mo
If yes, automobile included on the cert	-			ity coverage must be tificate of insurance.		ility coverage must be ertificate of insurance.
Name & Address of Providing Food:	f Organization	Boca	Grande Area Ch	amber of Commerce	· · · · · · · · · · · · · · · · · · ·	
Type of Food being	Appetiz Served:	ers, Fin	iger Foods			
Section II - US	ma newpaggida (paga 100) a	A. 104	PERTY PERM	IT amber of Commerce	is with the second of the seco	a - Estado em Carroquas) granda esta esta esta en esta esta esta esta esta esta esta esta
Fill out this portion	for applications	for Soli	citation in the C	County Rights-of-Way	y:	
Name of Charity:	Boca Grande Area	a Cham	ber of Commer	ce		
- Address of Charity:	471 Park Ave. S	uite 3 E	Boca Grande, Fl	33921		
Phone Number: (9	41) 964-0568				· · · · · · · · · · · · · · · · · · ·	
Non-profit certifica	ate/registration n	umber:	59-2402749			
(Proof of registration with	the Dept. of Agricultur	e & Consu	umer Services §496.40	5 or proof the organization		
* A.				IC BEVERAGES P		
Is alcohol being solution of the solution of t				ons can sell alcohol on Count	Yes Yes y Property.	□ No
Non-profit certifica (Required if alcohol is to be		ımber:				
Please note: A permit if further details	from the State of Flor	ida Divisi	ion of Alcoholic Bev	erages and Tobacco may	also be required; plea	se call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	TV Series / Pilot	TV Commercial Still Pho	
Public Service Announcemen	t 🦳 Industrial / Documentar	Other:	·
I any of the following be need	ded or included*?		
Street Closure	a an eta a	Yes No	
Traffic / Crowd Co	ntrol	☐ Yes ☐ No	
Fire or Burning		Yes No	
Explosives or Pyro	technics	Yes No	
Animals, Large or S	Small	☐ Yes ☐ No	
Construction of An	The second secon	Yes No	
Large and/or Num	the second secon	Yes No	
Helicopters, Boats	, etc.	☐ Yes ☐ No	
Stunts		☐ Yes ☐ No	
Other		Yes No	
For any marked Yes, provide	further details below:		
For any marked Yes, provide of the second of			
pecial Parking Requirements:		ilities, etc.)	
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pecial Parking Requirements: ity or County Services Requir the following information is re	ed: (Personnel, equipment, face) equired for local and state record re not available, please estimate. Number in Crew:	ds on production in Florida to track the e as closely as possible.	economic impac

Applicant Agreement - Signature Required



SECTION 1 - 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.

Signature of Applicant

Print Name of Applicant and Title

10/15/18

Date

Witness

Print Name of Witness

Date



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

Check the appropri	ate box(es) below:
☐ SPECIAL EV	ENT PERMIT
₩ USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	нт
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	Alcoholic beverage must stay within the confines of the event.
	Print Name: Captain J. Loethen
	Signature: Capt of Faithe 9349
	Title: Special Events, Permits and Details
· .	Date: 10/25/18



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 appropri SPECIAL EV USE OF CO FILM PERM	VENT PERMIT DUNTY PROPERTY F						
AFTER REVIEWING THE WILL REQUIRE THE APPL					RRANGEMENTS	YOUR ORGA	ANIZATION
Fire Guards (How Many?)		and the second s			*************************************		:
Fee for Services:							
Flammable Vegetation:							
First Aid Equipment:							
Fire Extinguishing:				**************************************			
Special Arrangements:		In case of e	emergency	call 911			
, ,	Print Name:	C. W.	Blosser	MISSING MY AF STREET, F. C			
ŧ	Signature:	C.W. Blos	rser			-	
	Title:	Fire Chie	ef			-	
	Date:	10/25/20	8				



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

Check the approp	riate box(es) bel	ow:
SPECIAL E	EVENT PERMIT	
▼ USE OF C	OUNTY PROPERTY	PERMIT
FILM PER	MIT	
AFTER REVIEWING TH WILL REQUIRE THE APP	E APPLICATION, P PLICANT TO COMPI	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
	March to the state of the state	
Safety Requirements:	No additional preca	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:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Diphaly depend by Douglas B. Higgins Diphaly English College County, Department of Holds Splay, Department of
	Title:	Division Chief
	Date:	11-06-18



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

Check the appropr	iate box(es) be	low:
SPECIAL E	VENT PERMIT	
区 USE OF CO	OUNTY PROPERTY	Y PERMIT
PERMIT TO	O SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERI	MIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:		I areas. No event parking on Lee County maintained road rights-of-way where parking ould restrict emergency vehicles access.
ngress and Egress:	Use all established	means of ingress and egress.
Special Arrangements:	None.	
	Print Name:	Bryan Miller
	Signature:	Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2018,11,01 08:54:22 - 04'00'
	Title:	Senior Project Manager
	Date:	November 1, 2018



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

Check the appropr	iate box(es) be	low:			
T SPECIAL E	VENT PERMIT				
区 USE OF CO	OUNTY PROPERTY	PERMIT			
PERMIT TO	O ŞEX IX AYY D CONS	UME ALCOHOLIC	BEVERAGES W	ITHIN LEE COUNT	Y FACILITIES
FILM PERM	VIT				
AFTER REVIEWING THE WILL REQUIRE THE APP				ARRANGEMENTS	S YOUR ORGANIZATION
Illumination:	Any additional ligi	hting must be provi	ided by permit ho	ilder.	
Parking Areas:	Parking is permitt	ed in existing park	ing areas located	at the Boca Grand	e Community Park
Special Arrangements:	- Must provide a c - Alcohol consum the Boca Grande - Lee County Parl	dumpster if trash w ption must stay wit Community Park ks & Recreation Di	ill not fit into two s hin the designate rector or Deputy l	BOCC being additi 90 gallon trash cont ed area discussed w Director approves to nunity Center Park)	tainers. vith the P&R supervisor at his alcohol permit
	Print Name: Signature: Title:	Jesse Lavende	<u></u>	Joe Wier upervisor	- -
	Date:	10/25/18		10/25/18	-



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

Check the appropriat	te pox(es) pei	low:	
SPECIAL EVE		PERMIT	
5	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION
Insurance Requirements:	occurrence to pr aforementioned In addition, Host (\$1,000,000) per	eral liability insurance with minimum limits of One Million otect against bodily injury and/or property damage relative event within Lee County. Liquor Liability insurance will be required with minimum loccurrence. Should Host Liquor Liability coverage be affor policy, minimum acceptable limits will be Two Million Doli	e to applicants use of imits of One Million Dollars d under the Commercial
Special Arrangements:			
	Print Name:	Mike Figueroa	
	Signature:	25 Jo	
	Title:	Risk Program Manager	. •
	Date:	October 25, 2018	• .



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2018

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
ITALIANO INSURANCE-BOCA
P. O. Box 1408
Boca Grande, FL 33921
Italiano Insurance Services in

INSURED
Boca Grande Chamber Commerce
P O Box 704
Boca Grande, FL 33921
INSURER A: Mt. Vernon Fire Ins. Co
INSURER B:
INSURER C:
INSURER C:
INSURER D:

INSURER D: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES. INTERPRETATION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. MBR TYPE OF INSURANCE INSURANCE ADDILISIES OCCUR NBP2550389G 10/13/2018 10/13/2018 10/13/2019 10/13/2019 10/13/2019 PREMISES (Ea SCRIBED) REACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea SCRIBED) REPRODUCTS - COMP/OP AGG \$ FREMISES SINCE LIMIT COMBINED SINGLE LIMIT EA AUTOMOBILE LIABILITY ANY AUTO ALLOWNED SCHEDULED	
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ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$	
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AUTOS LAUTOS BEXEEDY NAMAGE	
AUTOS AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (PER ACCIDENT) \$	
1 • • • • • • • • • • • • • • • • • • •	
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
EXCESS LIAB CLAIMS-MADE AGGREGATE \$	~
DED RETENTIONS STATE OF THE PROPERTY OF THE PR	·
WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND EMPLOYERS LIABILITY	·
ANY PROPRIETOR/PARTNER/EXECUTIVE S. E.L. EACH ACCIDENT \$	
1 Margatory (n Nn)	ATTENDED 1
if yes, describe under E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS below	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
Lee County Board of County Commissioners has been named as additional insured w/respects to the above General Liabilty policy for the meeting on	
11/15/18 at Louise Dupont Crowninshield house.	
Ok 10/25/2018	
Party from a	•
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE I ACCORDANCE WITH THE POLICY PROVISIONS.	LLED BEFORE ELIVEREO IN

Lee County Board of County Commissioners P O Box 398 Boca Grande, FL 33902

AUTHORIZED REPRESENTATIVE

Nelsa. Allin A

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