



# EVENT PERMIT

Ordinance 17-08



## GOLISANO EGGSTRAVAGANZA HEALTH DAY

**PERMIT NUMBER:** TMP2019-00105

**Date(s) of Event:** APRIL 20, 2019 FROM 8:00AM UNTIL 12:00PM

**Property Owner:** LEE MEMORIAL HEALTH SYSTEM

**Applicant:** ANGIE BARROSO  
239-343-6664

**Description:** HEALTH FAIR WITH UNTIMED WALK AND RUN UTILIZING BASS RD. , EGG HUNT, ENDS WITH HARLEY-DAVIDSON MOTORCYCLE TOY DRIVE.

**Location of event:** 9981 SOUTH HEALTHPARK DR, FORT MYERS, FL 33908  
**SOUTH HEALTHPARK RD**

Will the event be attended by 1000 or more people ?	No
Will the event be held on County Owned Property ?	Yes
Will there be alcohol consumed or sold at the event ?	No
Will a bond be posted for this event ?	No

**Permit Conditions:**

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners  
Lee County, Florida

 3-20-19  
\_\_\_\_\_  
County Manager Date



**Lee County**  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

GOLISANO EGGSTRAVAGANZA HEALTH DAY

TMP 2019-00105



# 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	Golisano EGGstravaganza Health Day
Date(s) of Event / Production:	Saturday, April 20, 2019
Location(s) of Event:	Golisano Children's Hospital
Name of Applicant:	Lee Memorial Health System dba Lee Health
Applicant Address:	9981 S HealthPark Drive, Fort Myers, FL 33908 Attn: Golisano Administration, Angie Barroso
Applicant Phone Number:	239-343-6664 office
Contact Person: (If different from applicant)	Angela Barroso
Contact Phone Number: (If different from applicant)	239-677-7292 is the cell
Email Address:	angela.barroso@leehealth.org
Estimated Attendance:	500 plus
Event Description: Include each activity, when activities take place, etc.	Golisano Children's Hospital will be having a Health Day with a Health Fair along with a Walk and Run (not timed), egg hunt and ends with the annual Harley Davidson motorcycle toy drive. The Walk/Run will be an "un-timed" fun walk/run. All critical departments have signed off and we will work with them to ensure the route is safe. This will be before the Harley Davidson event "Bunny Run" that is occurring the same day at 11:15 (sheriff's office escorts) who will end our Health Day with their motorcycle toy drive.
Hours of Operation:	Approximately 8 - noon
STRAP # of Parcel:	04-46-24-03-0000B.0000
Owner of Premises*:	Lee Memorial Health System dba Lee Health

\*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? Hospital/Healthcare

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

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities indentified, including all parking areas.

Insurance Company Insuring the Event: Acord (See attached certificate of insurance)

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: \_\_\_\_\_

Type of Food being Served: \_\_\_\_\_

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Lee Memorial Health System dba Lee Health

**Fill out this portion for applications for Solicitation in the County Rights-of-Way:**

Name of Charity: Golisano Children's Hospital - Red Wagon Fund - Lee Health Foundation

Address of Charity: 9981 S Health Park Drive, Fort Myers, FL 33908

Phone Number: 239-343-6664

Non-profit certificate/registration number: 85-8012787990C-8

(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







#### **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 premises 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

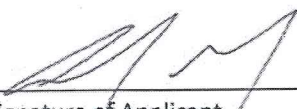


SECTION V - AGREEMENT

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.

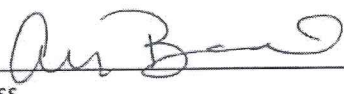
The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

  
\_\_\_\_\_  
Signature of Applicant

ARMANDO LLECHU, Chief Admin  
\_\_\_\_\_  
Print Name of Applicant and Title OFFICER

2-19-19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Witness

ANGELA BARROSO  
\_\_\_\_\_  
Print Name of Witness

2-19-19  
\_\_\_\_\_  
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?):

4 deputies secured through Traffic Unit for assistance.

Fee for Services:

Special Arrangements:

Voice members will be required to assist with event. Vendor will need to contact the Voice Unit at 239-477-1422 to set up.

Print Name: Lt. K. Sonier

Signature:

*[Handwritten Signature]* 95087

Title:

Special Events, Permits and Details

Date:

3/14/19



# 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:

- ☒ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ 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?)

No fire Guards required

Fee for Services:

No fees for services

Flammable Vegetation:

N/A

First Aid Equipment:

Services provided Lee County EMS / 911

Fire Extinguishing:

None / Tents > 100sq/ft separate permits and requirements per code

Special Arrangements:

None

Print Name: Edward Steffens

Signature: Edward Steffens

Digitally signed by Edward Steffens  
DN: cn=Edward Steffens, o=Lee County, email=edward.steffens@leefl.gov, c=US

Title: Division Chief / Fire Marshal

Date: February 22, 2019

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  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ 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:	None necessary.
Medical Personnel:	As discussed with Mr. Scott Fine, the best approach to this event will be to schedule an LCEMS Bicycle Team to handle any medical concerns on the route. This will be a two-person team.
Medical Supplies / Equipment:	None necessary.
Safety Requirements:	No additional precautions necessary. It is understood that law enforcement will be ensuring the safety of the runners that will be utilizing any roadways.
Fee for Services	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. This approval is with the stipulation that the medical coverage mentioned above will be arranged and in place for the event. I will be forwarding some questions via email to ensure we have it scheduled.

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,  
email=Douglas.B.Higgins@leegov.com, c=US  
Date: 2019.02.01 16:22:49 -0500

Title: Division Chief

Date: 03-01-2019



Lee County Event Permit Application



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

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.

Parking:

No event parking on or within Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control as needed. One lane closure each direction on Bass Road as shown on the route shall have at a minimum safety cones in accordance with FDOT 600 Series, and appropriate advance lane closures. Volunteers will be needed at all major side-street/driveways not signalized to assist runners through these locations, and Deputies/Voice shall be used at all signalized intersections impacted. The lanes shall be opened to traffic as soon as practicable under the direction of the Lee County Sheriff's Office.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2019.02.25 14:50:45 -05'00'

Title: Senior Project Manager

Date: February 25, 2019

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:	N/A
Parking Areas:	N/A
Special Arrangements:	event on private property and will not interfere with Parks operations or programs.

Print Name: Alise Flanjack

Signature:

*Alise Flanjack*

Title:

Deputy Director

Date:

2-20-19

Guliano Eggstam  
Health Park - Children's Hospital  
4/20/19



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:

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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.

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:

February 20, 2019



# CERTIFICATE OF LIABILITY INSURANCE

LEB/EA

DATE (MM/DD/YYYY)  
2/19/2019

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).

<b>PRODUCER</b> Commercial Lines - (813) 639-3000 USI Insurance Services LLC 2502 N. Rocky Point Drive, Suite 400 Tampa, FL 33607	<b>CONTACT</b> Name: Certificate Department Phone: (813) 639-3000 Fax: (813) 639-3000 Email: chw.certrequest@usi.com
<b>INSURED</b> Lee Memorial Health System 2780 Cleveland Ave., Suite 459 Fort Myers, FL 33901	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Allied World Surplus Lines Insurance Company NAICS: 24319 INSURER B: Allied World Specialty Insurance Co. 16624 INSURER C: Allied World Assurance Co (US) 19489 INSURER D: INSURER E: INSURER F:

**COVERAGES** **CERTIFICATE NUMBER: 13897416** **REVISION NUMBER: See below**

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 CERTIFICATION 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<b>A</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	0311-2665	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 ADDITIONAL COVERED PREMISES (Ea occurrence) \$ 600,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000 Pol Agg \$ 10,000,000
<b>B</b> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	6000-0461	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>C</b> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	0310-2731	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Self Insured	04/01/2018	04/01/2019	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Event-Golfiano EGGstravaganza Health Day.  
Date-04/20/2019

Policy(ies) includes an automatic additional insured endorsement that provides additional insured status to the Certificate holder. General Liability & Umbrella policy(ies) provide a Blanket Waiver of Subrogation in favor of the same, only when there is a written agreement that requires such status, and only with regard to work performed on behalf of the named insured.

<b>CERTIFICATE HOLDER</b> Lee County Board of County Commissioners 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 Ok 02/20/2019 <i>Mike Fojin</i>	<b>CANCELLATION</b> 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 <i>Gene Brubaker</i>
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# EGGstravaganza Health Day Site Plan 4/20/2019

