



EVENT PERMIT

Ordinance 17-08



BIKEFEST 2019

PERMIT NUMBER: TMP2019-00107

Date(s) of Event: MARCH 22, 2019 THROUGH MARCH 24, 2019 FROM
10:00AM UNTIL 9:00PM

Property Owner: TMC FM INC

Applicant: KALEY TYREE
239-275-4647

Description: STUNT SHOWS WITH FOOD TRUCKS, VENDORS, BEER, LIVE MUSIC, AND
BIKINI COMPETITION.

Location of event: 9501 THUNDER RD, FORT MYERS, FL 33913

ROCKSTAR HARLEY-DAVIDSON

THUNDER RD

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

Will the event be held on County Owned Property ? No

Will there be alcohol consumed or sold at the event ? Sold and 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

 3-21-19

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

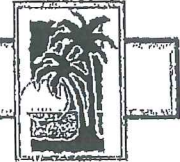
Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

BIKEFEST 2019

TMP 2019-00107

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	BikeFest 2019
Date(s) of Event / Production:	3/22/19 - 3/24/19
Location(s) of Event:	Rockstar Harley-Davidson
Name of Applicant:	Kaley Tyree
Applicant Address:	9501 Thunder Rd. Fort Myers, FL 33913
Applicant Phone Number:	239-275-4647
Contact Person: (If different from applicant)	same as above
Contact Phone Number: (If different from applicant)	same as above
Email Address:	marketing@rockstarharley.com
Estimated Attendance:	1000 per day
Event Description: Include each activity, when activities take place, etc.	vendors, food trucks, beer, live music, stunt shows, bikini competition 3/22-3/24 stunt show 3/22-3/24 live music multiple times per day 3/23 bikini competition
Hours of Operation:	3/22: 6p-9p 3/23: 10a-9p 3/24: 11a-5p
STRAP # of Parcel:	22-45-25-L3-24000.0010
Owner of Premises*:	TMC FM Inc.

*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? _____

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 identified, including all parking areas.

Insurance Company insuring the Event: Attached COI

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: Food Trucks

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

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

Name of Charity: LAMA Ft. Myers

Address of Charity: _____

Phone Number: _____

Non-profit certificate/registration number: 85-8017182223C-7

(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: 85-8017182223C-7

(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

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- ☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Will any of the following be needed or included*?

- | | | |
|-----------------------------------|-----------------------------------------|-----------------------------|
| Street Closure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Traffic / Crowd Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives or <u>Pyrotechnics</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animals, Large or Small | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stunts | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* For any marked Yes, provide further details below:

Busted Knuckles Motorcycle Stunt Show

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting days: _____
number of rooms x number 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 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.

Kaley Tyree

Signature of Applicant

Kale Tyree,
Event Coordinator

Print Name of Applicant and Title

2/15/2019

Date

Witness

Print Name of Witness

Date

FISCHER FLORIDA PROPERTIES, LLC

9510 THUNDER ROAD

FORT MYERS, FL 33913

844-749-2363

January 1, 2019

Re: Lee County Event Application

I am the property owner for Six Bends and Top Rocker Field located at 9510 Thunder Road, Fort Myers, FL 33913. Rockstar Harley-Davidson will be holding Bike Fest at Six Bends Friday, March 22 – Sunday, March 24 and will utilize Thunder Plaza and Phase II Grass lot for parking.

This event will be held at Rockstar Harley-Davidson at Six Bends. Restroom facilities and security needs will be fulfilled by the event organizer.

I have given my permission for this event.

Sincerely,



Jeffery Scott Fischer

Property Owner

Sworn and subscribed before me this Jan 3 2019, by Jeffery Scott Fischer, who is personally known to me.



Kimberly Haskins

Notary Public

State of Florida



National Casualty Company

ENDORSEMENT
NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GARAGE EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

1. PHYSICAL DAMAGE COVERAGE—ADDITIONAL TRANSPORTATION EXPENSE.

Under **SECTION IV—PHYSICAL DAMAGE COVERAGE**, the following is added:

Additional Transportation Expense

If your business is shown in the Declarations as something other than an "auto" dealership, we will pay up to \$50 per day to a maximum of \$1000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning forty-eight (48) hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

2. NOTICE OF ACCIDENT OR LOSS

The following replaces **SECTION V—GARAGE CONDITIONS**, subsection **A. Loss Conditions**, paragraph 2.a. Duties In The Event Of Accident, Claim, Suit Or Loss:

- a. In the event of "accident," claim, "suit" or "loss," you must give us or our authorized representative prompt notice of the "accident" or "loss" when the "accident" or "loss" is known to either:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An officer or manager, if you are a corporation.

The notice must include:

- (a) How, when and where the "accident" or "loss" occurred;
- (b) The "insured's" name and address; and
- (c) To the extent possible, the names and addresses of any injured persons and witnesses.

3. DEFINITION OF BODILY INJURY

The following replaces **SECTION VI—DEFINITIONS**, Item C.:

- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person. This includes mental anguish, mental injury, shock, fright, humiliation, emotional distress or death resulting from bodily injury sickness or disease.

4. UNINTENTIONAL ERRORS AND OMISSIONS

The following is added to **SECTION V—GARAGE CONDITIONS**, subsection **B. General Conditions**:

Any unintentional error or omission in the description of or failure to completely describe any hazards or

premises or operations existing as of the inception date of this policy will not invalidate or affect this insurance. However, you must report such error or omission to us as soon as practicable after its discovery.

5. WAIVER OF RIGHT OF RECOVERY

The following replaces **SECTION V—GARAGE CONDITIONS**, subsection **A.5. Loss Conditions, Transfer Of Rights Of Recovery Against Others To Us**:

5. Transfer Of Rights Of Recovery Against Others To Us:

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do nothing after "accident" or "loss" to impair them. However, we waive all rights of recovery when you have agreed to waive your rights of recovery when required by a written contract. The written contract must have been executed prior to the date of "accident" or "loss."

AUTHORIZED REPRESENTATIVE

DATE

DATE (MM/DD/YYYY)
02/21/2019

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).

PRODUCER
K&K INSURANCE GROUP, INC.
P.O. BOX 2338
FORT WAYNE, IN 46801

CONTACT NAME:	DEALERSHIP	
PHONE (A/C, No, Ext):	(800) 552-9253	FAX (A/C, No): (260) 459-5511
E-MAIL ADDRESS:		

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	NATIONAL CASUALTY COMPANY	11991

INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
TMC FM, INC. & TMCBB, INC.
DBA : ROCKSTAR HARLEY-DAVIDSON, MOTOWN HARLEY-DAVIDSON
9501 THUNDER ROAD
FORT MYERS, FL 33913

COVERAGES

CERTIFICATE NUMBER: C97776

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INFO	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			KKO0000022693000	1/8/2019 12:01 AM	1/8/2020 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	EXCLUDED
							MED EXP (Any one person)	EXCLUDED
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							LEGAL LIAB TO PARTICIPANTS	
							PROFESSIONAL LIABILITY	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			KKO0000022692900	1/8/2019 12:01 AM	1/8/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							AGGREGATE (Other Than Auto Only)	\$3,000,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION			XKO0000022693100	1/8/2019 12:01 AM	1/8/2020 12:01 AM	EACH OCCURRENCE	\$3,000,000
							AGGREGATE	\$3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	PARTICIPANT ACCIDENT						AD&D Primary Medical Excess Medical Weekly Indemnity	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
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CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED, BUT ONLY WITH RESPECT TO THE LIABILITY ARISING OUT OF THE NEGLIGENCE OF THE ABOVE NAMED INSURED FOR THE EVENT(S) TAKING PLACE 03/22/2019 - 03/24/2019. WAIVER OF SUBROGATION PROVIDED BY KR-AUTO-27.

CERTIFICATE HOLDER

LEE COUNTY SHERIFF'S DEPT.
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33912

CANCELLATION

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

Scott Finkbein

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?):

2 deputies for security each day during event.

Fee for Services:

\$48/hr per deputy with a 4 hour minimum.

Special Arrangements:

Must adhere to the Lee County Noise Ordinance.

Print Name: Lt. K. Sonier

Signature:

[Handwritten Signature] 95087

Title:

Special Events, Permits and Details

Date:

3/7/19

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?)	N/A AS THERE WILL BE HIRED SECURITY AND FD ON SITE DURING EVENT
Fee for Services:	FEES HANDLED BY CHIEF ROGERS FOR STAND BY COVERAGE
Flammable Vegetation:	KEEP ALL FLAMMABLE VEGETATION A MINIMUM 15' FROM PYROTECHNICS AND FOOD VENDORS
First Aid Equipment:	N/A. FD PROVIDING ON SITE MEDICAL COVERAGE
Fire Extinguishing:	PYROTECHNICS PERFORMER MUST HAVE A MINIMUM 2A10BC EXTINGUISHER AVAILABLE DURING PERFORMANCE. ALL FOOD TRUCKS TO BE NFPA 96 COMPLIANT. THESE ITEMS TO BE INSPECTED PRIOR TO OPENING FOR EVENT.
Special Arrangements:	CONTACT INSPECTOR KIRKLAND AND/OR ACTING FIRE MARSHAL GILBERT TO SCHEDULE PRE-EVENT INSPECTION FOR FRIDAY MARCH 22 A MINIMUM 3 HOURS PRIOR TO EVENT KICKING OFF. OFFICE NUMBER 239-433-0080. ORGANIZER HAS ENTERED AGREEMENT WITH STFD FOR US TO PROVIDE MEDICAL STAND BY COVERAGE DURING ALL 3 DAYS OF EVENT. 2 EMT'S/PARAMEDICS W/ MEDICAL CART.

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley
Date: 2019.03.14 15:12:53 -04'00'

Title: Division Chief - Fire & Life Safety

Date: March 14, 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: One EMS or FD crew is required to be on site. This will be provided at your expense by either EMS or South Trail Fire and Rescue.

Medical Supplies / Equipment: None necessary.

Safety Requirements: No additional precautions necessary.

Fee for Services: LCEMS Ambulance + Crew = \$100.00/hour + 1 hr for set-up/take-down.

Special Arrangements: Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239-533-3911 or South Trail Fire and Rescue at 239-433-0080.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, o=Lee County, Department of Public Safety,
ou=Division of EMS, email=dhiggins@leegov.com, c=US
Date: 2019.03.15 17:16:55 -0400

Title: Division Chief

Date: 03-15-2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

Parking:

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

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2019.03.01 12:45:47 -05'00'

Title: Senior Project Manager

Date: March 1, 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:

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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.

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

N/A - Event is not on or near Lee County Parks and Recreation property and will not affect our operations or programs.

Print Name: Alise Flanjack

Signature: Alise Flanjack

Signature of Applicant
Must be signed by the applicant
and must be accompanied by a
notarized copy of the application

Title: Deputy Director

Date: March 15, 2019

Bike Fest 2019
Rock Star Harley

Lee County Event Permit Application



**LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221**

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title: Risk Program Manager

Date: March 14, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2019

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).

PRODUCER K&K INSURANCE GROUP, INC. P.O. BOX 2338 FORT WAYNE, IN 46801	CONTACT NAME: DEALERSHIP	
	PHONE (A/C, No, Ext): (800) 552-9253 FAX (A/C, No): (260) 459-5511	
INSURED TMC FM, INC. & TMCBB, INC. DBA : ROCKSTAR HARLEY-DAVIDSON, MOTOWN HARLEY-DAVIDSON 9501 THUNDER ROAD FORT MYERS, FL 33913	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: NATIONAL CASUALTY COMPANY	11991
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: C99231

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER:			KKO0000022693000	1/8/2019 12:01 AM	1/8/2020 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) EXCLUDED MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 LEGAL LIAB TO PARTICIPANTS PROFESSIONAL LIABILITY
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> GARAGE LIABILITY			KKO0000022692900	1/8/2019 12:01 AM	1/8/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AGGREGATE (Other Than Auto Only) \$3,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XKO0000022693100	1/8/2019 12:01 AM	1/8/2020 12:01 AM	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N	N/A					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	PARTICIPANT ACCIDENT						AD&D Primary Medical Excess Medical Weekly Indemnity

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

CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED, BUT ONLY WITH RESPECT TO THE LIABILITY ARISING OUT OF THE NEGLIGENCE OF THE ABOVE NAMED INSURED FOR THE EVENT(S) TAKING PLACE 03/22/2019 - 03/24/2019. WAIVER OF SUBROGATION PROVIDED BY KR-AUTO-27.

Ok 03/14/2019

Mike Fain

CERTIFICATE HOLDER

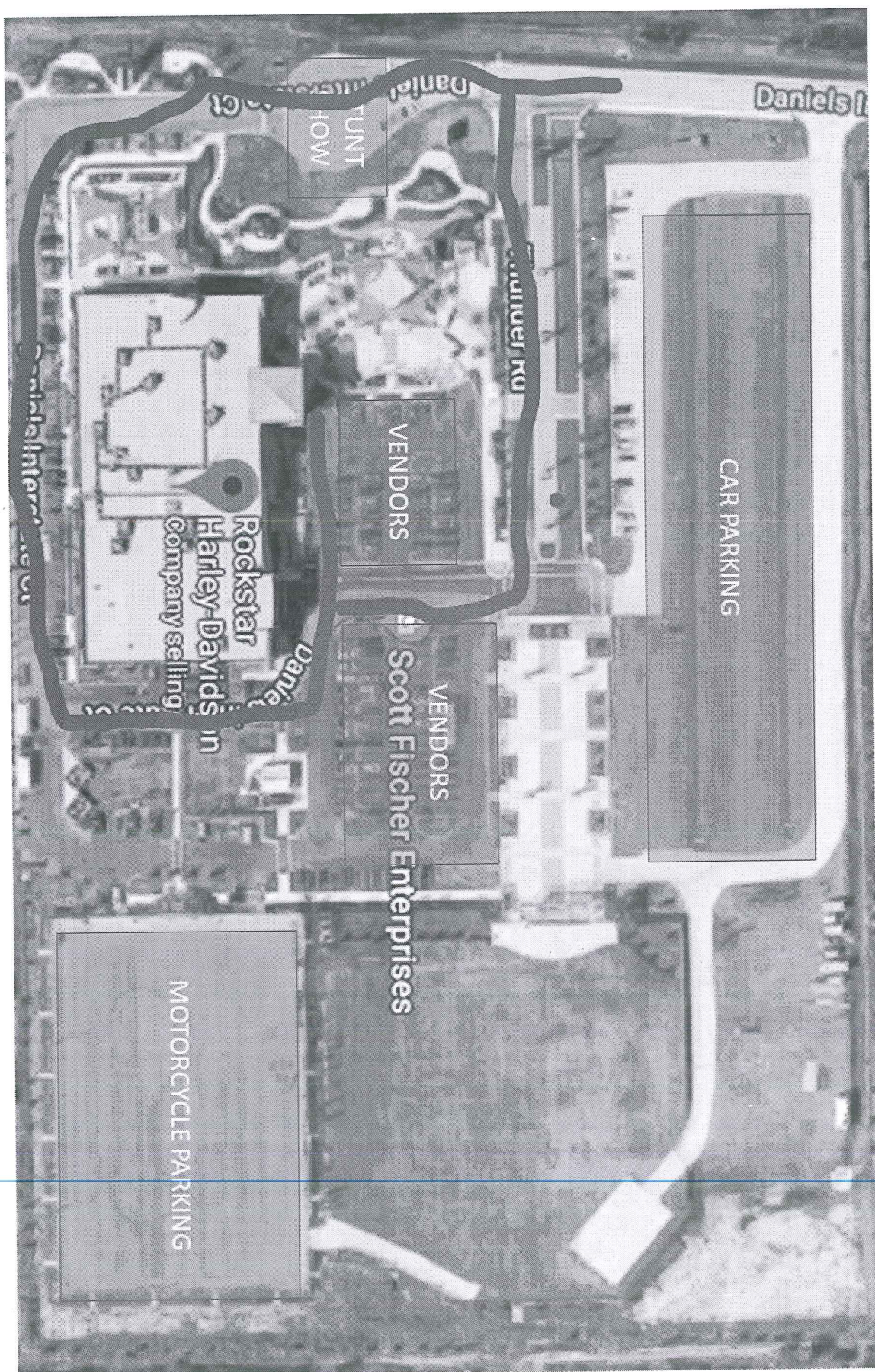
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
P.O. BOX 398
FORT MYERS, FL 33902

CANCELLATION

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

Scott Michael





9501 THUNDER RD | FORT MYERS, FL 33913

March 19, 2019

Re: Lee County Department of Community Development

1500 Monroe Street

Fort Myers, FL 33901

To whom it may concern,

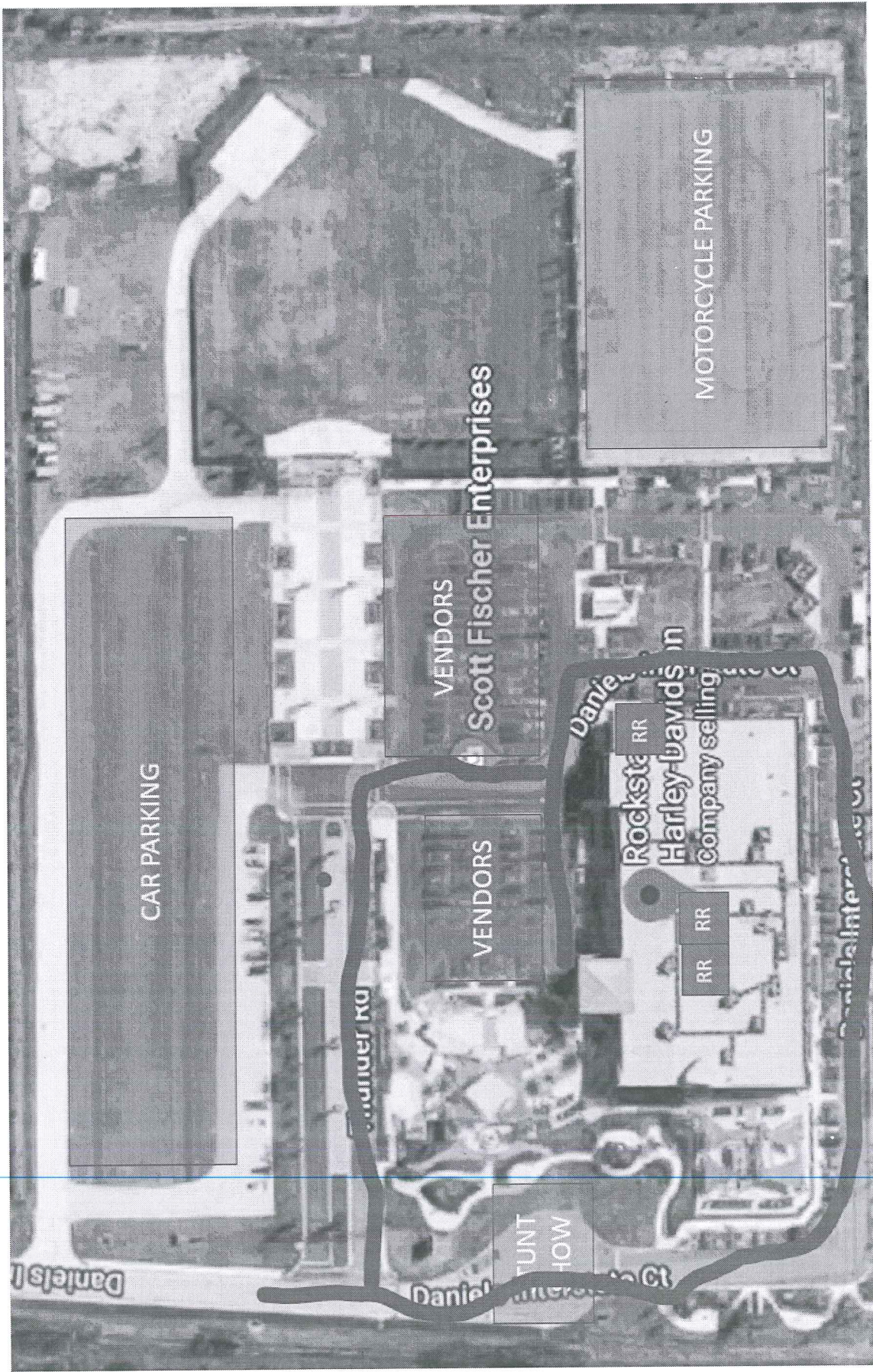
I am the General Manager of Rockstar Harley-Davidson located at 9501 Thunder Rd. Fort Myers, FL 33913. Rockstar Harley-Davidson will be hosting BikeFest 2019 Friday, March 22nd – Sunday, March 24th. We have multiple locations of restroom facilities that our attendees can utilize throughout the duration of the event. Restrooms will be available from 9:00am – 9:00pm on March 22nd, 9:00am – 9:00pm on March 23rd, and 9:00am – 5:00pm on March 24th. Each restroom facility is equipped with, a handicap stall, sinks, urinals (men's restrooms only), and additional stalls in both men's and women's restrooms.

Sincerely,

Geno DeMauro



9501 THUNDER RD | FORT MYERS, FL 33913
WWW.CITYRENTCHARTER.COM • (239) 375-4647



CAR PARKING

MOTORCYCLE PARKING

VENDORS
Scott Fischer Enterprises

VENDORS

Rockstar
Harley-Davidson
Company selling

RR

RR

RR

Daniel's Interiors

Daniel's Interiors

Daniel's Interiors

Daniel's Interiors