

### **EVENT PERMIT**



Ordinance 17-08

### Food & Brew Fest at Six Bends

PERMIT NUMBER: TMP2019-00157

Date(s) of Event: May 11, 2019 from 11:00am unit 3:00pm

**Property Owner:** 

FISCHER FL PROPERTIES I LLC

Applicant:

**Taylor Loethen** 239-284-0301

Description:

Food Trucks, Beer and DJ

Location of event: 9510 THUNDER RD, FORT MYERS, FL 33913

Top Rocker Field at Six Bends

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

County Manager

ftmpprmt\_specialevent.rpt

FOOD! Brew Fest at Six Benus



## **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



### **Event Application**

Check the appropriate box(es) below:

X	SPECIAL EVENT PERMIT	
	USE OF COUNTY PROPERTY PERMIT	
	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LE	EE COUNTY FACILITIES
	FILM PERMIT	

Section I - GENERAL INF	Section I - GENERAL INFORMATION (All Permit Types)							
Title of Event / Name of Production	FOOD & BREW FEST AT SIX BENDS							
Date(s) of Event / Production:	SATURDAY, MAY 11, 2019							
Location(s) of Event:	TOP ROCKER FIELD AT SIX BENDS							
Name of Applicant:	FISCHER ENTERTAINMENT LLC							
Applicant Address:	9510 THUNDER ROAD, FORT MYERS, FL 33913							
Applicant Phone Number:	844-749-2363							
Contact Person: (If different from applicant)	TAYLOR LOETHEN							
Contact Phone Number: (If different from applicant)	239-284-0301							
Email Address:	TAYLORL@SFE-US.COM							
Estimated Attendance:	1,500							
Event Description: Include each activity, when activities take place, etc.	FOOD TRUCKS, BEER, DJ							
Hours of Operation:	11:00 AM - 3:00 PM							
STRAP # of Parcel:	2245 25 43 24 00000 30							
Owner of Premises*:	FISCHER FLORIDA PROPERTIES I LLC							

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



### Fill out the following questions for all permit types:

What is the Zoning Classification of the	premises?	
Are any temporary structures to be inst	alled for the event? 🛛 Yes 📗 No	Type: TENT
Do you have the appropriate permits fo	r the temporary structures?	▼ Yes
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan w	vith all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	me and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
∑ Yes ☐ No	🔀 Yes 🔲 No	Yes ☐ No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization VA Providing Food:	RIOUS FOOD TRUCKS	9.
Type of Food being Served: VARIOUS	MENUES	
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event:		
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	ıy:
Name of Charity:		·
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization	n is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ON OF ALCHOLIC BEVERAGES I	PERMIT
Is alcohol being sold/consumed on Coul If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on Coun	∑ Yes ☐ No ty Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: MAKE-A-WISH SOUTHERN FLORI	DA
<b>Please note:</b> A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



### Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	pe of Produ	ction (choose all that app	oly):				
Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other For any marked Yes, provide further details below:  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 the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Cast: Number in Crew: Number of locals hired: Total budget: Estimate amount spent in Lee County:	TV Movie	or Special	TV Series / Pilot		TV Commercial		Still Photos
Street Closure Traffic / Crowd Control   Yes	Public Serv	vice Announcement	Industrial / Documentary		Other:		
Traffic / Crowd Control	ill any of the	e following be needed or	included*?				
Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other  * For any marked Yes, provide further details below:  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 the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Cast: Number of County:  Estimate amount spent in Lee County:		Street Closure			☐ Yes [	No	
Explosives or Pyrotechnics   Yes   No   Animals, Large or Small   Yes   No   Construction of Any Kind   Yes   No   Large and/or Numerous Vehicles   Yes   No   Helicopters, Boats, etc.   Yes   No   Stunts   Yes   No   Other   Yes   No    *For any marked Yes, provide further details below:    Special Parking Requirements:		Traffic / Crowd Control			☐ Yes [	No	
Animals, Large or Small  Construction of Any Kind  Large and/or Numerous Vehicles  Helicopters, Boats, etc.  Stunts  Other  * For any marked Yes, provide further details below:  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 the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast:  Number in Cast:  Number of Iocals hired:  Estimate amount spent in Lee County:		Fire or Burning			☐ Yes [	No	
Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other  * For any marked Yes, provide further details below:  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 the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast: Number in Crew: Number of locals hired:  Estimate amount spent in Lee County:		Explosives or Pyrotechn	ics		☐ Yes [	No	
Large and/or Numerous Vehicles		Animals, Large or Small			☐ Yes [	_ No	
Helicopters, Boats, etc.		Construction of Any Kind	<u></u> ,		☐ Yes [	No	
Stunts Other   Yes   No Other   Yes   No   Y		Large and/or Numerous	Vehicles		☐ Yes [	_ No	
Other		Helicopters, Boats, etc.			☐ Yes [	_ No	
* For any marked Yes, provide further details below:  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 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:		Stunts			☐ Yes [	_ No	
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 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:		Other			Г Yes Г	- No	
The following information is required for local and state records on production in Florida to track the economic impact the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast:  Number in Crew:  Total budget:  Estimate amount spent in Lee County:	* For any ma	arked Yes, provide furthe	er details below:				
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The following information is required for local and state records on production in Florida to track the economic impact 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:	,		er details below:				
the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast:  Total budget:  Estimate amount spent in Lee County:	Special Park	ring Requirements:		ities, e	tc.)		
the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast:  Total budget:  Estimate amount spent in Lee County:	Special Park	ring Requirements:		ities, e	tc.)		
the industry. If exact figures are not available, please estimate as closely as possible.  Number in Cast:  Total budget:  Estimate amount spent in Lee County:	Special Park	ring Requirements:		ities, e	tc.)		
Total budget: Estimate amount spent in Lee County:	Special Park	ring Requirements:		ities, e	tc.)		
	Special Park City or Cou	king Requirements:  nty Services Required: (I	Personnel, equipment, facil d for local and state record	s on pr	roduction in Flor	ida to t	track the economic impac
Hotel room nights: Number of shooting days:	Special Park  City or Cou	king Requirements:  nty Services Required: (I  ng information is require y. If exact figures are not	Personnel, equipment, facil d for local and state record available, please estimate	s on pr	roduction in Flor sely as possible.		
	Special Park  City or Coul  The following the industry  Number in County	nty Services Required: (Ing information is required). If exact figures are not	Personnel, equipment, faciled defor local and state record available, please estimate	s on pr as clos	roduction in Flor sely as possible. Number		

### **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.

Taylor Loethen		
Signature of Applicant	Witness	
TAYLOR LOETHEN		
Print Name of Applicant and Title	Print Name of Witness	
5/3/19		
Nate	Date	



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

Check the appropri	iate box(es) below:
✓ SPECIAL E\	/ENT PERMIT
USE OF CO	OUNTY PROPERTY PERMIT
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only. Off-site parking will be handled by volunteers. If the volunteers will be in the roadway at any time, they must use proper equipment to do so. The right-of-way around the event area should not be impeded. Signs directing guests to off-site parking is suggested.
Deputies (How Many?):	2 deputies for security & presence and 3 deputies for traffic control.
Fee for Services:	Contact Details Unit 239-477-1199
Special Arrangements:	It is understood by this office that beer will be sold. Additionally, there will be four unarmed security guards on site as well that LCSO will work in conjunction with. All amplified sound must adhere to the Lee County Noise Ordiance.
	Print Name: Lt. K. Sonjer
	Signature: Juffann 95087
	Title: Special Operations Division
	Date: 5/8/19



### 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 appropr	iate box(es) bel	ow:		
SPECIAL E	VENT PERMIT			
☐ USE OF CO	DUNTY PROPERTY MIT	PERMIT		
Cornected	APPLICATION, PL		ELOW WHAT ARRANGEMENT EVENT.	S YOUR ORGANIZATION
Fire Guards (How Many?)	NA due to security b	peing on site		
Fee for Services:	NA due to no tents	900 sq ft or larger		
Flammable Vegetation:	Keep all vegetation	a minimum of 15' awa	y from any cooking operations	
First Aid Equipment:	Call 911 if needed.			
Fire Extinguishing:	All food trucks must on inspection.	be NFPA 96 complian	t. Stage must have 1 2A10BC extin	guisher which is up to date
Special Arrangements:	None.			
			,	
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2019.05.08 15:02:39 -04'00'	
	Title:	Division Chief - Fire 8	Life Safety	
	Date:	May 8, 2019		



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

Check the appropri	ate box(es) belov	w:	
⊠ SPECIAL EV	ENT PERMIT		
USE OF CO	UNTY PROPERTY P	ERMIT	
FILM PERM	IIT		
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOU WITH FOR THEIR EVENT.	DUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:		ile we will not require medical coverage, please do not consical aluate the event and consider possible changes should this event	
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precau	itions 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 Digitally ligned by Douglas B. Higgins Divided Douglas B	
	Title:	Division Chief	
	Date:	05/08/19	



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

Check the appropri	ate box(es) be	low:	
SPECIAL EV	'ENT PERMIT		
USE OF CO	UNTY PROPERTY	/ PERMIT	
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FA	CILITIES
FILM PERM	IIT		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOU WITH FOR THEIR EVENT.	ORGANIZATION
Darking	Park in designate	d areas. No event parking on Lee County maintained road i	ights-of-way.
Parking:	ark in designates	d areas. No event parking on Lee Southy maintained road i	ights of way.
	J		
Ingress and Egress:	Use all establishe	ed means of ingress and egress.	
	les Les County 6	Shaviffa Office for appletance with traffic central as peeded	
Special Arrangements:	Use Lee County S	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: 2019.05.07 14:22:09 -04'00'	
	Title:	Project Manager	
	Date:	May 7, 2019	



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

Check the appropri	iate box(es) be	low:		
SPECIAL EV	/ENT PERMIT		*	
☐ USE OF CO	OUNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVER	AGES WITHIN LEE COUNTY	FACILITIES
FILM PERM	/IIT			
		PLEASE INDICATE BELOV PLY WITH FOR THEIR EVI	V WHAT ARRANGEMENTS 'ENT.	YOUR ORGANIZATION
Illumination:	N/A			
marimation.				
Parking Areas:	N/A			
Special Arrangements:			eation property and will not affe	ect departmental
	pperations or prog	grams.		
				8
		*		
	Print Name:	Alise Flanjack		
	Signature:	Alise Flanjack	Digitally signed by Alise Flanjack Date: 2019.05.07 12:55:52 -04'00'	
	Title:	Deputy Director		
	Date:	May 7, 2019		



# 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) be	low:
. —	NTY PROPERTY ELL AND CONS	PERMIT  UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
,	per occurrence t	neral liability insurance with minimum limits of One Million Dollars (\$1,000,000) to protect against bodily injury and/or property damage relative to applicants use ed event within Lee County.
	County Board of	Insurance shall be submitted as evidence of the required coverage listing Lee f County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate n additional insured.  of insurance.
	Print Name: Signature: Title: Date:	Mike Figueroa  Mike Figueroa  Risk Program Manager  May 7, 2019



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/3/2019

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 confor rights to the certificate holder in lieu of such and resement(s).

it th	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	t to ti to the	ne ter certi	ms and conditions of the ficate holder in lieu of si	ie polic uch end	sy, cerτain po dorsement(s)	olicies may r ).	equire an endorsement	. A Sta	itement on
	UCER				CONTACT NAME:					
Gal	lagher PowerSports				PHONE (A/C, No, Ext): 225-292-3515 FAX (A/C, No): 225-292-3893					
235   Rat	Highlandia Drive, Suite 200 on Rouge LA 70810				E-MAIL ADDRESS:					
Dat	200.1100.30				L.				NAIC#	
					INSURE	RA: Starr Ind	emnity & Liak	oility Company		38318
INSU		SCOT	FIS-02		INSURE	RB:				
Scc	tt Fischer Enterprises LLC 0 Thunder Road				INSURE	RC:				
For	Myers FL 33913				INSURE	RD:				
	•				INSURE	RE:				
					INSURE	RF:				
				NUMBER: 15184699				REVISION NUMBER:		av senion
TH	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI	S OF I	NSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POLI	ICY PERIOD WHICH THIS
CF	RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN.	THE INSURANCE AFFORD	ED BY	THE POLICIES	s described	HEREIN IS SUBJECT TO	ALL T	HE TERMS,
	CLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN F	REDUCED BY I	PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
A	X COMMERCIAL GENERAL LIABILITY			10001087752		12/31/2018	12/31/2019	EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,0	00
							:	MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 2,000,	
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$4,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 4,000, \$	,000
	OTHER: AUTOMOBILE LIABILITY						·	COMBINED SINGLE LIMIT	s	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED					:		BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR	<del>                                     </del>						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					'	E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	IN/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					Litter		E.L. DISEASE - POLICY LIMIT	\$	
		}								
Lee	RIPTION OF OPERATIONS / LOCATIONS / VEHIC County Board of Commissioners is Ad 31/2019,	cLES (/	acord al Ins	101, Additional Remarks Schedu ured per form SICG-0515	ile, may b (0912)	e attached if more on the Genera	e space is require al Liability pol	ed) icy regarding events from	12/31/2	2018 -
				OK 05/07/2	019					
				1						
				Mike for						
L	· · · · · · · · · · · · · · · · · · ·				0.111	)FI 1 4710''			····	
CE	RTIFICATE HOLDER				CANC	CELLATION				
	Lee County Board of Com	ımiss	ioner	s	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
	2115 Second St					RIZED REPRESE				
	Fort Myers FL 33901				an Wilsten					

### Certificate of Flame Resistance

REGISTERED FABRIC NUMBER

F-140.01

'ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAMTON, NEW YORK 13902
Manufacturers of the Finest
Tent Products Described Herein

Date of Manufacture

SEPTEMBER 2004

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME:

TAYLOR RENTAL CENTER

CITY: ·FT.MYERS, FL

Certification is hereby made that:

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701\*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.

Type, color and weight of material 11 OZ. vinyl LITE AND BRITE WHITE

Description of Item certified: 20X40 PARTY CANOPY

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

Snyder Manufacturing, Inc.

Manufacturer of Flame Retardant Vinvl Laminates

TENT DEPARTMENT, JOHNSON OUTDOORS INC

\*Large Scale





