

EVENT PERMIT



Ordinance 17-08

PERFECT GAME 14U BASEBALL SELECT FESTIVAL

PERMIT NUMBER: TMP2019-00218

Date(s) of Event: SEPTEMBER 1, 2019 FROM 6:00PM UNTIL 10:00PM

Property Owner:

LEE COUNTY

Applicant:

BEN FORD 239-344-5225

Description:

AMATEUR BASEBALL GAME ENDING WITH FIREWORKS.

Location of event: 11500 FENWAY SOUTH DR, FORT MYERS, FL 33913

JETBLUE PARK

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

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event? No

Will a bond be posted for this event? No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

PERFECT GAME 144 BASEBALL SELECT FESTIVAL

TMP 2019-00218



Event Application

Check the appropriate box(es) below:

JX SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

F PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

| FILM PERMIT

| • | . — |
|--|--|
| Section 1 - GENERAL INFO | DRMATION (All Permit Types) |
| Title of Event / Name of Production | Perfect Gamo 14U Baseball Solect Fostival |
| Onto(s) of Event / Production: | Sunday, September 1, 2019 |
| Location(s) of Event: | 11500 FENWAY SOUTH DR. |
| Name of Applicant: | Ben Ford |
| Applicant Address: | 4301 Edison Ave Fort Myers, FL 33916 |
| Applicant Phone Number: | (239)344-5225 |
| Contact Person: (If different from applicant) | |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | BonFord@PerloclGome.org |
| Estimated Attendance: | 1,000 f |
| Event Description: Include each activity, when activities take place, etc. | amaleur baseball game ending with fireworks. Fireworks company will submit permit as well. |
| Hours of Operation: | 6;00pm-10:00pm |
| STRAP II of Parcel: | where 24-45-25-02-00006.0000 |
| Owner of Promises*; | Lee County |

^{*}Notorized statement from the property owner specifically consenting to the proposed use required,



| | • | | 1 M |
|---|---|---|--|
| FIII out the following questions for al | | | 1 |
| What is the Zoning Classification of the p | oremises? MPD (from 2017 fireworks ap | plication) | |
| Are any temporary structures to be insta | illed for the event? ['Yes X No | Туре: | |
| Do you have the appropriate permits for | the temporary structures? | Yes | |
| For a 'Special Event' and 'Use of Count | ly Property ^t permit, submit a site plan w | | ities and activition |
| Insurance Company Insuring the Event: | Allied Specially Insurance Inc. (Zamuell | 1.4(gAgike) | |
| Hote: Certificate of Insurance must be submitted | 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 served/consum | : Beverages be ed at this Eventi |
| - Yes X No | X 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 liabili Included on the cer | ly coverage must be Hilicate of Insurance |
| Name & Address of Organization | rəmərk | | |
| Type of Food being Served: | nway South Drive Fort Myers, FL 33913 | | |
| Section II - USE OF COUNTY F | ROPERTY PERMIT | | |
| Name of Charity: | y SolicRation (n the County Rayms-a)-vv | | |
| Address of Charity: | | | |
| Phone Number: | | | |
| (Mon-profit certificate/registration nul (Proof of regimation with the Dept. of Agriculture | | on is exempt from this requ | |
| | | | ₹ No |
| | a. Uniyada pront of same to a second | unty Proparty. | · ··- |
| Non-profit certificate/registration nu (negwired if alcohol is to be <u>soro</u> at the event) | mber: | and the constraint day | co call (239) 344-08 |
| Please note: A permit from the State of Flori further details | da Division of Alcoholic Reverages and Tobacco n | izA sito na tadouso? bias | an interest a to an |



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| ype of Production (choose all that ap | | , . | TV Course | relat | _ | Still Photos |
|--|---|--------------------|--------------------------------|---------------|---------|-------------------------|
| | TV Series / Pilot | | | | • | |
| Public Service Announcement 1 | Industrial / Documentary | j | Omer: | | | A Address |
| /ill any of the following be needed o | r Included*? | | | | | |
| Street Closure | | | Yes | X | No | |
| Traffic / Crowd Control | | | Yes | ΙX | No | |
| Fire or Burning | | | [=" Yes | X | No | |
| Explosives or Pyrotechi | nlcs | | ₹ Yes | 1 | No | |
| Animals, Large or Small | | | L. Yes | ĺΧ | No | |
| Construction of Any Kir | d | | Yes | X | No | |
| · Large and/or Numerou | s Vehicles | | X Yes | Γ | No | |
| Helicopters, Boats, etc. | | | Yes | ĺΧ | No | |
| Stunts | | | Yes | X | No | |
| Other | | | Yes | X | No | |
| Special Parking Requirements: | | | | | | |
| City or County Services Regulred: | Personnel, equipment, facili | | - | | | |
| Úsage of Jet8lue Park , | | | | | | |
| The following information is require the industry. If exact figures are no | ed for local and state records at available, please estimate | s on pi as clos | roduction in sely as possil | Florid de. | a to l | rack the economic impac |
| Number in Cast: | Humber In Crew: | | Hun | alier o | l Incal | s hired: |
| Total budgel: | Estimate amount sp | ent In | Lee County: | | | A . Add |
| Hotel room nights: | ———— Number of shooting | days: | | | | |
| en in second a second | iber of alghis | | • | | | |

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 flisk 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 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.

| The applicant does acknowledge the | |
|------------------------------------|-----------------------|
| his/her knowledge. | |
| Juny Lord | Witness |
| Signature of Applicant | |
| Jerry Ford | Donald E. Walser |
| Print Name of Applicant and Title | Print Name of Witness |
| 1 11/- 19 | 6/24/19 |
| <u> </u> | Date |
| Date | Date |



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

| Check the appropria | te box(es) below: |
|--|--|
| SPECIAL EVENTE OF COL | INTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT. |
| Parking: | Parking for this event will be in authorized areas only. |
| Deputies (How Many?): | Five (5) traffic deputies required. Three deputies will direct traffic at the West gate and two deputies will direct traffic at the East gate. |
| Fee for Services: | Contact LCSO Details Unit 239-477-1199 to arrange detail paperwork and pre-payment. |
| Special Arrangements: | It is understood by this office that there will be a fireworks show at the conclusion of the game, weather permitting and the permit for that event will be pulled by the fireworks provider at a later time. |
| | Signature: A. S. Brady Title: Special Operations Division Date: 7-3-/9 |
| | the state of the s |



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 EV | ENT PERMIT | | |
|---|----------------------|---|-------------------|
| USE OF CO | UNTY PROPERTY P | PERMIT | |
| FILM PERM | 11T | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPLI | APPLICATION, PLE | EASE INDICATE BELOW WHAT ARRANGEMENTS WITH FOR THEIR EVENT. | YOUR ORGANIZATION |
| Fire Guards (How Many?) | NA | | |
| Fee for Services: | Contact Gene Rogers | s to discuss fees for fireworks coverage | |
| | | | |
| Flammable Vegetation: | Keep all flammable v | regetation a minimum of 150' from launch site | |
| | | | |
| First Aid Equipment: | Call 911 if needed | | |
| | | | |
| Fire Extinguishing: | Appropriate extingu | ishers to be provided by fireworks company at launch loca | ation |
| | | • | |
| | | | |
| Special Arrangements: | Contact Chief Roger | rs to arrange for brush truck coverage. | |
| | | | |
| | | | |
| | Print Name: | Nate Burley | ··· |
| | Signature: | Nate Burley Digitally signed by Nate Burley Date: 2019.07.02 14:45:12 -04'00' | |
| | Title: | Division Chief - Fire & Life Safety | - |
| | Date: | July 2, 2019 | · - |



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

Check the appropriate box(es) below:

| ⊠ SPECIAL EV IX USE OF CO □ FILM PERM | UNTY PROPERTY PI | ERMIT | |
|--|--------------------------------------|--|-----------------------|
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLE | EASE INDICATE BELOW WHAT ARRANGEMENTS YOU WITH FOR THEIR EVENT. | DUR ORGANIZATION |
| Treatment Facilities: | None necessary. | | |
| Medical Personnel: | None necessary. | | |
| Medical Supplies / Equipment: | None necessary. | | |
| Safety Requirements: | No additional precau | ations 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 Copylab styred by Douglas 1 Happine Douglas B. Higgins of the Courts, Operation of Aster Safety, Secretaria Mark Control Superature of Aster Safety, Secretaria Mark Control Superature of Aster Safety, Secretaria Mark Control Safety, Secreta | |
| | Title: | Division Chief | |
| | Date: | 07-03-2019 | |



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

| Check the appropriate box(es) below: | |
|--|------------------------------|
| SPECIAL EVENT PERMIT | · |
| □ USE OF COUNTY PROPERTY PERMIT | |
| PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES V | 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: | No event parking o | n Lee County maintained road rights-of-way. | |
|-----------------------|---------------------|---|---|
| | | | |
| Ingress and Egress: | Use all established | means of ingress and egress. | |
| | | · | . 1 A . 300 0000000000000000000000000000000 |
| Special Arrangements: | Use Lee County Sh | eriff's Office for assistance with traffic control, as needed. | |
| | | | · |
| | | | |
| | | | |
| | | | , |
| | Print Name: | Bryan Miller | |
| | Signature: | Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2019.06.26 09:50:49 -04'00' | |
| | Title: | Senior Project Manager | |
| | Date: | June 26, 2019 | |



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

| Check the appropri | te box(es) below: | | | | | | |
|-----------------------------|---|------|--|--|--|--|--|
| SPECIAL EVENT PERMIT | | | | | | | |
| • | X: USE OF COUNTY PROPERTY PERMIT | | | | | | |
| • | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | |
| ☐ FILM PERN | | | | | | | |
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATI CANT TO COMPLY WITH FOR THEIR EVENT. | ON | | | | | |
| Illumination: | all illumination must follow county ordinance and FAA regulations | | | | | | |
| Porking Arons | event organizer must ensure that parking is restricted to designated areas and ensure that driveways | | | | | | |
| Parking Areas: | and roadways remain accessible for emergency vehicles. | i | | | | | |
| | | | | | | | |
| | | | | | | | |
| Special Arrangements: | Nust coordinate event with on-site Parks and Recreation staff. Must ensure all parking areas are clean and free of trash at the conclusion of the event. Fireworks display must comply with all state and fede suidelines. Fireworks display must be supervised under the direction of the local Fire Marshal/Inspect and must be completed by 11:00 pm. | eral | | | | | |
| | vent organizer must notify the Port Authority at least 30 minutes prior to start of fireworks display. Geep in contact with the Port Authority if there is a weather delay or if display is canceled. | | | | | | |
| • | | | | | | | |
| | Print Name: Alise Fianjack | | | | | | |
| | Signature: Alie Flacurk | | | | | | |
| | Title: Deputy Director | | | | | | |
| | Date: 6/29/19 | | | | | | |
| | | | | | | | |
| PG 14V Sele. Jet Blue 9/ | //19 Page 10 | | | | | | |



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

| Check the appropriate | e box(es) bel | 'ow: | |
|--|---|---|--|
| | T PERMIT | | |
| ⋉ USE OF COUN | TY PROPERTY | PERMIT | |
| PERMIT TO SE | LL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY | 'FACILITIES |
| FILM PERMIT | | | |
| AFTER REVIEWING THE AF WILL REQUIRE THE APPLICA | PPLICATION, P ANT TO COMP | PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT. | YOUR ORGANIZATION |
| (0 | occurrence to pre | eral liability insurance with minimum limits of One Million Eotect against bodily injury and/or property damage relative event within Lee County. | Dollars (\$1,000,000) per to applicants use of |
| | | | |
| . [6 | A Certificate of Ir Board of County additional Insure | nsurance shall be submitted as evidence of the required cov Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the co rd. | verage listing Lee County ertificate holder and as an |
| | Subject to proof | of insurance. | |
| | Print Name: | Mike Figueroa | |
| | Signature: | Mike Join | |
| | Title: | Risk Program Manager | |
| | Date: | July 1, 2019 | |
| | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2019

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.

| D.C | LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AN | JD TH | F CE | RTIFICATE HOLDER. | | | | |
|-----------------------|---|--------------|--------|---------------------------------|------------------------------|---|--|-------------------------------|
| | DODTANT. If the contillants holder | C () I) | Λ INTI | TIONAL INSURED the n | olicy(ies) must ha | ve ADDITION | AL INSURED provisions | or be endorsed. |
| 16 0 | BUBROGATION IS WAIVED, subject s certificate does not confer rights t | to th | e teri | ns and conditions of the | e policy, certain p | oucies may r | equire an endorsement. | A statement on |
| PROD | ATTACA MANAGEMENT OF THE PARTY | J 1110 | 201(1 | | CONTACT Roxant | n Hendryx | | |
| | Perfect Game Insurance Agen | cy LI | .C | | PHONE (A/C, No, Ext): 319-31 | 82-9843 | FAX (A/C, No): | |
| | 850 Twixt Town Rd NE | | | | E-MAIL ADDRESS: rhendr | yx@perfecti | gameinsurance.org | |
| | Cedar Rapids IA 52402 | | | | | | DING COVERAGE | NAIC# |
| | | | | INSURER A: Arch Insurance 11150 | | | | |
| INSU | Perfect Game Group Inc. | | | | INSURER B: Star | Insurance | | 18023 |
| | 850 Twixt Town Rd NE | | | | INSURER C: | *************************************** | | |
| | Cedar Rapids IA 52402 | | | | INSURER D: | | | : |
| | | | | | INSURER E : | | | i |
| CO | /FRAGES CER | TIFIC | ATE | NUMBER: | | | REVISION NUMBER: | |
| TH INI CE EX | 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 SLICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | 1 | LIMITS | |
| | X COMMERCIAL GENERAL LIABILITY | Y | | SBCGL0022002 | 01/01/2019 | 01/01/2020 | | s 1,000,000 s 1,000,000 |
| Α | CLAIMS-MADE X OCCUR | 1 | | | | | | s Excluded |
| | | | | | | | mac com pany and process | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | 1 | | | | | \$ 5,000,000 |
| | POLICY PRO- LOC | | | | | | Action of the last | 5,000,000 |
| | OTHER: | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | SBAUT0022102 | 01/01/2019 | 01/01/2020 | (Ea scoeent) | \$ 1,000,000 |
| Α | X ANY AUTO | | | ODITO 10022102 | | | | \$ |
| | OWNED SCHEDULED AUTOS HIRED NON-OWNED | | | | | | PROPERTY DAMAGE | \$ 5 |
| | HIRED AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ \$ |
| | | | | | 01/01/2010 | | | \$ 10,000,000 |
| Α | X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | | | SBFXS0022202 | 01/01/2019 | 01/01/2020 | Etotro do do Amazina | \$ 10,000,000 |
| | | 1 | | | | | | \$ |
| | DED RETENTIONS WORKERS COMPENSATION | | | WC0819219 | 01/01/2019 | 01/01/2020 | X PER OTH- | |
| В | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE PRIEMPED SACULIDED? | | | | | 0170172020 | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | OFFICER/MEMBEREXCLUDED? [14] (Mandatory In NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | s 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | s 1,000,000 |
| 233227 | | | | | | | | |
| | | | | | | | | |
| DEC | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may be attached if mo | re space is requir | ed) | |
| l . | | | | | | | | |
| Th | e Certificate Holder is only an Additional I | nsured | with 1 | respect to manney caused by | me negngence of the | ranico monto | • | |
| | | | | | • | | • | |
| | | | | OK 07 | /01/2019 | | | |
| | | | | Lay | · Li | | | |
| <u></u> | TICIOATE HOLDED | | | / unk | CANCELLATION | | | |
| | RTIFICATE HOLDER | | | | | | | |
| | e County Board of Commissioners D Box 398 | | | | SHOULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B | NCELLED BEFORE E DELIVERED IN |
| | Myers, Fl. 33902 | | | | ACCORDANCE W | ITH THE POLK | CY PROVISIONS. | m Photostation 119 |
| | | | | | | | MANAGEMENT OF A | 10 |
| | | | | | AUTHORIZED REPRES | ENTATIVE RO | XANN HENDRYX, CISR, C | J.C. |

ROXANN HENDYX
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Ewen, Gary

From:

Nate Burley <nburley@southtrailfire.org>

Sent:

Tuesday, July 2, 2019 2:50 PM

To:

BENFORD@PERFECTGAME.ORG

Cc:

Gene Rogers; Ewen, Gary

Subject:

[EXTERNAL] RE: Special Event Permit - Jet Blue

Attachments:

SIGN OFF.pdf

Please see attached. There will be a \$50.00 fireworks inspection fee due upon receipt of the fireworks permit. If you have any questions please contact the Fire and Life Safety Division.

Respectfully,

Nate Burley
Division Chief - Fire & Life Safety
South Trail Fire & Rescue
5531 Halifax Ave.
Fort Myers, FL 33912
T 239-482-8030
F 239-433-2185
E nburley@southtrailfire.org

Isaiah 43:2 "When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you."

From: Gene Rogers <grogers@southtrailfire.org>

Sent: Monday, July 01, 2019 12:02 PM

To: Nate Burley <nburley@southtrailfire.org>; GEwen@leegov.com

Subject: Fwd: Special Event Permit - Jet Blue

Gary,

Sorry this came to my email just as I was leaving town last week. I am forwarding it to Nate Burley our Division Chief of Fire and Life Safety. Chief Burley handles most of our special permit applications. I'm sorry I missed this email request and thank you for the reminder sent this week as well. I hope you have a successful event.

Gene Rogers
Assistant Fire Chief
South Trail Fire Rescue
5531 Halifax Ave.
Fort Myers, Florida 33912
239-770-3070 cell
239-433-0080. Ext. 1011

Begin forwarded message:

From: "Ewen, Gary" < GEwen@leegov.com>

Date: June 25, 2019 at 1:32:43 PM EDT

To: "grogers@southtrailfire.org" <grogers@southtrailfire.org>

Subject: Special Event Permit - Jet Blue

Good Morning Gene,

Each year Perfect Game Baseball has held it 14 –Under Select event at Jet Blue park, this year's event is on September 1, 2019. That being said I have attached your sign off page and the application for your review, please take a moment to review and complete your sign off page, and return to me. As you also know there will be fireworks as part of this annual event. Please let me know if you have any questions or concerns, thanks

Gary Ewen, CSEE, Lee County Sports Development/Office of Economic Development 2201 Second Street Suite 501 Fort Myers, Fl. 33901

Cell: 239-707-3950 Fax: 239-485-3111 Office: 239-533-5273

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.