

# **EVENT PERMIT**



Ordinance 17-08

## **EBRATING 100 YEAR ANNIVERSARY & HONORING OUR HER**

PERMIT NUMBER: TMP2019-00265

Date(s) of Event: SEPTEMBER 5, 2019 THROUGH SEPTEMBER 8, 2019

FROM 8:00AM UNTIL 7:00PM

Property Owner:

**NESV FLORIDA REAL ESTATE LLC** 

Applicant:

**GEORGE TICE** 

239-332-1553

Description:

AMERICAN LEGION POST 38 CELEBRATING OUR 100 YEAR ANNIVERSARY &

HONORING OUR HEROES BY BRINGING IN VIETNAM TRAVELING WALL. A

HELICOPTER ON A FLAT BED WILL BE WITH THE WALL. THE HELICOPTER

Location of event: 11400 FENWAY SOUTH DR, FORT MYERS, FL 33913

JETBLUE PARK

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

No Will the event be held on County Owned Property?

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 Øbuntv. Floriøa

**V**ounty Manager

ftmpprmt specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

CELEBRATING 100 YEAR ANNIVERSARY & HONORING

OUR HEREOS TMP2019-00265



#### **Event Application**

#### Check the appropriate box(es) below:

SPECIAL EVENT PERM	ΊA		AL	E	١	/E	١	ľ	П	P	E	F	1	١	/	Į.	ľ		1	į		•	
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- 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	CELEBRATING 100 YEAR ANNIVERSARY AND HONORING OUR HEROES			
Date(s) of Event / Production:	SEPTEMBER 5,6,7,8,9 2019			
Location(s) of Event:	JETBLUE PARK 11500 FENWAY SOUTH DRIVE FORT MYERS 33913			
Name of Applicant:	AMERICAN LEGION POST 38/COLLONIAL CHARITABLE FOUNDATION			
Applicant Address:	1857 JACKSON ST FORT MYERS FL 33901/ 10031 TURTLE DR FORT MYERS FL 33913			
Applicant Phone Number:	LEGION# (239) 332-1553			
Contact Person: (If different from applicant)	GEORGE TICE			
Contact Phone Number: (If different from applicant)	(239) 738-0601			
Email Address:	POST038 VICECOMMANDER@YAHOO.COM			
Estimated Attendance:	1,000			
Event Description: Include each activity, when activities take place, etc.	AMERICAN LEGION POST 38 CELEBRATING OUR 100 YEAR ANNIVERSARY AND WE ARE HONORING OUR HEROES BY BRINING IN THE VIETNAM TRAVELING WALL. A HELICOPER ON A FLAT BED WILL BE WITH THE WALL. THE HELICOPTER DOESN'T WORK AND WILL NOT FLY.			
Hours of Operation:	9/5 0800 TO 1500, 9/6 1000 TO 1900, 9/7 AND 9/8 0900 TO 1500.			
STRAP # of Parcel:	#24-45-25-02-00001 TO #24-45-25-02-00005			
Owner of Premises*:	BOSTON RED SOX AND NESV FLORIDA REAL ESTATE			

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



#### Fill out the following questions for allpermit types:

What is the Zoning Classification of the p	oremises?	
Are any temporary structures to be insta	lled for the event?	Type: TENT
Do you have the appropriate permits for	the temporary structures?	Yes X No
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.	y Property' permit, submit a site plan w	ith all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitted	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	▼ Yes
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 AR Providing Food:	AMARK 5421 DIVISION DRIVE FORT MYE	RS FL 33905
Type of Food being Served: HOT DOGS, SODA, WAT  Section II - USE OF COUNTY PF		ES, POPCORN, PEANUTS, ICE CREAM,
Organization Sponsoring the Event:		·
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	y:
Name of Charity:	•	
Address of Charity:		
rnone Number:		
Non-profit certificate/registration num	per:	
(Proof of registration with the Dept. of Agriculture & C	Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Cour π yes, then a "Lee County Alcohol Permit" is required.	ty Property?	Yes No
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	per:	
<b>Please note:</b> A permit from the State of Florida I 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	Г	TV Series / Pilot	Г	TV Comme	ercial [	Still Photos	
Public Service Anno	uncement [	Industrial / Documentary	,	Other:			
ll any of the followin	g be needed o	or included*?					
Street Clo	sure			┌ Yes	☐ No		
Traffic / 0	Crowd Contro			☐ Yes	┌ No		
Fire or Bu	ırning	and the same man		☐ Yes	┌ No		
Explosive	s or Pyrotech	nics		┌ Yes	┌ No		
Animals,	Large or Smal	1		☐ Yes	┌ No		
Construc	tion of Any Ki	nd		┌ Yes	┌ No		
Large and	d/or Numerou	s Vehicles		Yes	┌ No		
Helicopte	ers, Boats, etc	•		Yes	┌ No		
Stunts				┌ Yes	No		
Other				┌ Yes	No		
For any marked Yes	, provide furti	ner details below:					
For any marked Yes		ner details below:					
	irements:	ner details below:					
Special Parking Requ	irements:	ner details below:					
Special Parking Requ	irements: PARKING		-				
Special Parking Requ JETBLUE HAS OWN I	irements: PARKING es Required:	(Personnel, equipment, faci	lities, e	tc.)			
Special Parking Requ	irements: PARKING es Required:	(Personnel, equipment, faci	lities, e	tc.)			
Special Parking Requ JETBLUE HAS OWN I	irements: PARKING es Required:	(Personnel, equipment, faci	lities, e	tc.)			
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Special Parking Requ JETBLUE HAS OWN I City or County Servic LEE COUNTY SHERI	irements: PARKING es Required: FF, FIRE, EMS	(Personnel, equipment, faci	ls on p	roduction in		track the ecor	nomic imp
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Special Parking Requ JETBLUE HAS OWN I City or County Servic LEE COUNTY SHERI	irements: PARKING es Required: FF, FIRE, EMS	(Personnel, equipment, facil	ls on p	roduction in			nomic imp
Special Parking Requ JETBLUE HAS OWN City or County Servic LEE COUNTY SHERI The following inform the industry. If exact	irements: PARKING es Required: FF, FIRE, EMS	(Personnel, equipment, facil red for local and state record ot available, please estimate	ls on p	roduction in sely as poss	ible.		nomic imp
Special Parking Requ JETBLUE HAS OWN City or County Servic LEE COUNTY SHERI The following inform the industry. If exact	irements: PARKING es Required: FF, FIRE, EMS	(Personnel, equipment, facil red for local and state record ot available, please estimate Numper in Crew:	ls on po as clos	roduction in sely as poss	ible.		nomic imp

#### **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.

1/1/19		
Signature of Applicant	Witness	
Coloner- of the Vice rammarden		
Coconse of Applicant and Title	Print Name of Witness	
8/8/2014		
Date	Date	



2018 1903 1912 1916

June 7, 2019

To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant Colonial Charitable Foundation 10031 Turtle Drive Fort Myers, FL 33913. Permission to access land owned by NESV Florida Real Estate and surrounding parking lots located at 11500 Fenway South Drive for Honoring our Heroes Vietnam Traveling Memorial Wall.

The times for each day are as followed:

September  $5^{th} + 6^{th}$ , 2019 - Set-Up 7:00 am to 7:00 pm. September 7th + 8th, 2019 - Event 9:00 am to 3:00 pm. September 9th, 2019 - Load out 7:00 am to 7:00 pm.

The parcels of land used for the event have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely,

Jay Fandel

Senior Manager of Florida Ballpark Operations |

Boston Red Sox | JetBlue Park

11500 Fenway South Drive | Fort Myers, FL | 33913

Phone: 239-226-4734 | Cell: 239-989-7477

Fax: 239-226-4767

Email: ifandel@redsox.com

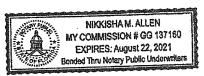
- Loricla country of Lec

Subscribed and swom to (or affirmed) before me the day of JONE, 20 19.

identification :

Notary Name Here, Notar

My Commission Expires





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

Check the approprio	ate hov(es) helow:
SPECIAL EV	UNTY PROPERTY PERMIT
1	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only. Parking will be handled with volunteers.
Deputies (How Many?):	One deputy for security & presence from the time the wall arrives on 9/5 thru the time that the breakdown starts on 9/8/19.
	Two deputies for security & presence during public viewings 9/7 & 9/8/19.
	One Traffic Supervisor & Four traffic deputies for traffic control at main entrance 9/7 & 9/8/19.
Fee for Services:	Contact Details Unit 239-477-1199
Special Arrangements:	LCSO deputies as well as event volunteers will be on site during the overnight hours for security & presence. LCSO Voice members will assist during viewings. Global Security has been contracted to handle the bag checks & security checkpoint upon entrance to the event. On 9/5/19, LCSO will be providing an escort for the Vietnam Wall and Legion Riders from the Winn Dixie on Palm Beach Blvd into JetBlue Stadium. An escort out of the stadium on 9/9/19 will not be required.
	Print Name: 4. S. Brady Signature: The Level March
	Signature: // // // // // Signature:

Special Operations Division

Title:

Date:



#### 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 CO	DUNTY PROPERTY	PERMIT		
┌ FILM PERM	ΛIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			LOW WHAT ARRANGEMENT EVENT.	S YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	N/A			
Flammable Vegetation:	N/A			
First Aid Equipment:	CALL 911 IF NEEDED	)		
Fire Extinguishing:	N/A			
Special Arrangements:	N/A			
	Print Name:	Nate Burley		_
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2019.08.12 10:55:20 -04'00'	_
	Title:	Division Chief - Fire &	Life Safety	_
	Date:	August 12, 2019		_

#### Sheen, Sara

From:

Nate Burley [nburley@southtrailfire.org]

Sent:

Monday, August 12, 2019 10:56 AM

To:

George Tice

Cc:

Martica Pitt; Krzastek, Loretta; OccsZoning

Subject:

[EXTERNAL] RE: Permit

**Attachments:** 

AMERICAN LEGION 100 YEAR ANNIVERY SIGN OFF pdf

Please see attached sign off.

#### 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: George Tice <post038.2vice@yahoo.com>

Sent: Friday, August 09, 2019 2:22 PM

To: Nate Burley < nburley@southtrailfire.org >

Subject: Permit

Afternoon sir,

I'm so sorry about getting back to you so late. Wednesday and Friday's I'm learning to live my life blind. I went Blind in January of 2017. So there is a lot to learn.

Please find attached the copy of the Special Event, layout of the wall and sponsorship area.



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

Check the appropriate box(es) below:

FILM PERMIT

□ USE OF COUNTY PROPERTY PERMIT

		EASE INDICATE BELOW WHAT ARRANGEMENTS Y WITH FOR THEIR EVENT.	OUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precau	utions necessary.	
Fee for Services	Not applicable.		
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage	e, contact our office at
	Print Name:	Douglas B. Higgins	
	Signature:	Douglas B. Higgins  Discarboughs B. Higgins bit carboughs B. Higgins of the County, Department of Public Safety, and Discarboughs B. Higgins and County, Department of Public Safety, and Discarboughs of Discarboughs of Discarboughs and Discarboughs of Discarboughs of Discarboughs and Discarboughs of Di	
	Title:	Division Chief	
	Date:	08-27-2019	



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

Check the appropri	ate box(es) be	low:		
Removed.	UNTY PROPERTY SELL AND CONS		RAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENT ENT.	S YOUR ORGANIZATION
Parking:	No event parking o	on Lee County maintained r	oad rights-of-way.	
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements:	Use Lee County Sh	neriff's Office for assistance	with traffic control as needed.	
	Print Name: Signature:	Bryan Miller Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2019.08.12 10:51:30 -04'00'	-

Senior Project Manager

August 12, 2019

Title:

Date:



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

Check the appropr	iate box(es) below:
SPECIAL E	VENT PERMIT
USE OF CO	DUNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ит
AFTER REVIEWING THE	E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	All illumination must follow county ordinance and FAA regulations.
Parking Areas:	Event organizer must ensure that parking is restricted to designated areas and ensures that all driveways and roadwaways remain accessible for emergency vehicles.
Special Arrangements:	Print Name: Sesse Lavender  Signature:  Director  Date:    Signature:



# 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) belo	w:
FILM PERMIT	NTY PROPERTY F ELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A	PPLICATION, PL CANT TO COMPL	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Insurance Requirements:	aforementioned e	ral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per tect against bodily injury and/or property damage relative to applicants use of vent within Lee County.
Special Arrangements:	A Certificate of In Board of County ( additional insure Subject to proof	
	Print Name:	Mike Figueroa
	Signature:	This for-
	Title:	Risk Program Manager
	Date:	April 22, 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	te box(es) be	low:				
☐ SPECIAL EVE	SPECIAL EVENT PERMIT					
□ USE OF COU	▼ USE OF COUNTY PROPERTY PERMIT					
PERMIT TO S	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
FILM PERMIT	Т					
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.				
In a contract of the contract						
Insurance Requirements:	occurrence to p	neral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect against bodily injury and/or property damage relative to applicants use of levent within Lee County.				
	,					
Consist Assessments	A C					
Special Arrangements:		nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an ed.				
	Subject to proof	of insurance.				
	,					
	Print Name:	William Diaz				
	Signature:					
	Title:	Risk Management Analyst				
	Date:	August 28, 2019				



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY) 08/02/2019

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER	Ls							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, t If SUBROGATION IS WAIVED, subject to the terms and conditions this certificate does not confer rights to the certificate holder in lieu of	f such end	lorsement(s)	Jonetos may	IAL INSURED provisions require an endorsement.	or be endorsed. A statement on			
PRODUCER License # L077730	CONTA	CT Heather	Cox					
AssuredPartners of Florida, Cape Coral	PHONE (A/C, N	o. Ext): (239) 2	05-1537	FAX (A/C, No):(2	39) 542-5527			
3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904	E-MAIL ADDRE	ss: heather.	cox@assur	edpartners.com				
oupe cordi, i ii cooc-		INSURER(S) AFFORDING COVERAGE						
	INSURE	RA: Mount	ernon Fire	Insurance Company	26522			
	INSURE							
Colonial Charitable Foundation Inc and American Legion Po								
38								
P O Box 60931		INSURER D:						
Fort Myers, FL 33913	INSURI							
	INSURI	RF:		DEVICION NUMBER.				
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:	E DOLLOV PERIOD			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELCINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	ORDED B	Y THE POLIC REDUCED BY	ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS ALL THE TERMS,			
INSR TYPE OF INSURANCE INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	4.000.000			
A X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE S				
CLAIMS-MADE OCCUR X CL2751038		09/05/2019	09/11/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)				
CEATING-NAME COOST.					5,000			
				PERSONAL & ADV INJURY	1,000,00			
					3,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:					Exclude			
POLICY PRO- LOC				PRODUCTO COM TO THE	\$			
OTHER:				COMBINED SINGLE LIMIT	\$			
AUTOMOBILE LIABILITY				(Ea accident)	\$			
ANY AUTO				BOBIET II. COLLET	\$			
OWNED SCHEDULED AUTOS ONLY AUTOS				DECREETY DAMAGE				
HIRED AUTOS ONLY AUTOS ONLY					\$			
701000		ļ			\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
DED RETENTION\$					\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER FYECT ITUE				E.L. EACH ACCIDENT	\$			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under				E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS below								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Solve County Board of County Commissioners is named as additional insured named insured during the policy period.	chedule, may d with reg	be attached if mo ards to genera	re space is requi al liability but	red) only with respects to the o	pperations of the			
Cerdicionte is 30	sel °	to 30.	i'em	Daz				
CERTIFICATE HOLDER	CAN	ICELLATION						
Lee County Board of County Commissioners PO BOX 398	TH	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Fort Myers, FL 33902-0398	AUTHORIZED REPRESENTATIVE							
	1	RBCt						

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2019

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.

REPRESENTATIVE OR PRODUCER, A										
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subjet this certificate does not confer rights to	t to	the	terms and conditions of	the po	licv. certain i	olicies may	NAL INSURED prov require an endorse	isions o	or be endorsed. A statement on	
PRODUCER License # L077730				CONTA	CT Heather	Cox				
AssuredPartners of Florida, Cape Coral				NAME: PHONE (A/C, No, Ext): (239) 205-1537  FAX (A/C, No):(239) 542-5527						
3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904				E-MAIL	ss. heather.	cox@assur	edpartners.com	, , . (	,	
Cape Coral, FL 33904				ADDRE					NAIC#	
				INSURER A : Mount Vernon Fire Insurance Company 26522						
						7011101111110	modiumos semp			
INSURED Colonial Charitable Foundat	ion l	nc an	d American Legion Post	INSURER B: INSURER C:						
38										
P O Box 60931				INSURER D:						
Fort Myers, FL 33913				INSURER E :						
				INSURE	RF:		DEVICION NUMBE	D.		
			NUMBER:		EEN JOOUED :		REVISION NUMBE		E DOLICY DERIOD	
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PFR	REME TAIN	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	IES DESCRIB PAID CLAIMS.	DOCUMENT WITH R	ESPEC	I TO WHICH THIS	
INSR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A X COMMERCIAL GENERAL LIABILITY		,5					EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE OCCUR	X		CL2751038		09/05/2019	09/11/2019	DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$		
							MED EXP (Any one person			
					× .		PERSONAL & ADV INJU		1,000,000	
OF ALL ACCRECATE LIMIT APPLIES DED:							GENERAL AGGREGATE		3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-							PRODUCTS - COMP/OP		Excluded	
							TROBOOTO GOMITAGE	\$		
OTHER:							COMBINED SINGLE LIM (Ea accident)			
AUTOMOBILE LIABILITY							BODILY INJURY (Per per			
ANY AUTO OWNED SCHEDULED						*	BODILY INJURY (Per ac			
AUTOS ONLY AUTOS							PROPERTY DAMAGE (Per accident)	sident) \$		
HIREDS ONLY AUTOS WILEY							(Per accident)	\$		
		-								
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
DED RETENTION \$							PER C	STH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N										
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMP			
If yes, describe under DESCRIPTION OF OPERATIONS below	_	_					E.L. DISEASE - POLICY	LIMIT \$	S	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lee County Board of County Commissione named insured during the policy period.	LES (	ACORI name	0 101, Additional Remarks Sched d as additional insured w	<sup>ule,</sup> may l ith rega	e attached if mo irds to genera	re space is requi Il liability but	red) only with respects t	o the o	perations of the	
CERTIFICATE HOLDER				CAN	CELLATION					
Lee County Board of County Commissioners PO BOX 398 Fort Myers, FL 33902-0398					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					
	TRICAT									

ACORD

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/02/2019

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). CONTACT Heather Cox PRODUCER License # L077730 AssuredPartners of Florida, Cape Coral 3501 Del Prado Blvd. S Suite #204 FAX (A/C, No):(239) 542-5527 PHONE (A/C, No, Ext): (239) 205-1537 E-MAIL ADDRESS: heather.cox@assuredpartners.com Cape Coral, FL 33904 NAIC# INSURER(S) AFFORDING COVERAGE 26522 INSURER A: Mount Vernon Fire Insurance Company INSURED INSURER B: Colonial Charitable Foundation Inc and American Legion Post INSURER C 38 INSURER D P O Box 60931 Fort Myers, FL 33913 INSURER E : INSURER F: REVISION NUMBER: **COVERAGES** CERTIFICATE 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) Α 100,000 09/05/2019 09/11/2019 CLAIMS-MADE OCCUR CL2751038 Х 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: Excluded J PROT PRODUCTS - COMP/OP AGG POLICY LOC OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED UMBRELLA LIAB **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NESV Florida Real Estate, LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC; N.E.S.V. IV, LLC are named as additional insured with regards to general liability but only with respects to the operations of the named insured during the policy period. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. NESV Florida Real Estate, LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC N.E.S.V. IV, LLC AUTHORIZED REPRESENTATIVE 11500 Fenway South Dr. Fort Myers, FL 33913



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	PRESENTATIVE OR PRODUCER, AN										
If S this	ORTANT: If the certificate holder UBROGATION IS WAIVED, subject certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain   lorsement(s)	policies may	NAL INSURED provisions require an endorsement	sorb t.As	e endorsed. tatement on	
PRODI	CER License # L077730				CONTACT Heather Cox						
AssuredPartners of Florida, Cape Coral			NAME: PHONE (A/C, No, Ext): (239) 205-1537 (A/C, No, Ext): (239) 542-5527								
	Del Prado Blvd. S Suite #204 Coral, FL 33904				E-MAIL ADDRE	ss: heather.	cox@assur	edpartners.com			
oupo	33.4., 1 2 3333 .							RDING COVERAGE		NAIC#	
					INSURE	26522					
INSURE	. D				INSURE						
MOOK	Colonial Charitable Foundat	ion l	nc aı	nd American Legion Post							
	38			-							
P O Box 60931						INSURER D:					
	Fort Myers, FL 33913				INSURE						
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COV				E NUMBER:		EEN IOOUED		REVISION NUMBER:	UE DC	VICY PERIOD	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REM TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAI Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS:	OOCUMENT WITH RESPE	CIIC	) WHICH IHIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	4 000 000	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Γ	CLAIMS-MADE OCCUR	х		CL2751038		09/05/2019	09/11/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
Ι,	BEN'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	3,000,000	
l'	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	Excluded	
-									\$		
	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$	-	
F'	ANY AUTO							BODILY INJURY (Per person)	\$.		
F	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
⊢								PROPERTY DAMAGE (Per accident)	\$		
-	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	s		
								E LOUI GOOLUDDENIGE	\$		
F	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
-	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$		-					PER OTH- STATUTE ER	\$		
V	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N										
A	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	FFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$		
	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
				*							
New E	IPTION OF OPERATIONS / LOCATIONS / VEHIC ngland Sports Ventures LLC is name d during the policy period.	LES (A	ACOR addit	D 101, Additional Remarks Schedi ional insured with regards	ule, may l to gen	pe attached if mo eral liability b	re space is requi out only with	red) respects to the operations	s of th	ne named	
				we we were		OEL L ATION					
CERTIFICATE HOLDER				CANCELLATION							
New England Sports Ventures, LLC N.E.S.V. IV, LLC 11500 Fenway South Dr. Fort Myers, FL 33913			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								
					(WLOW						



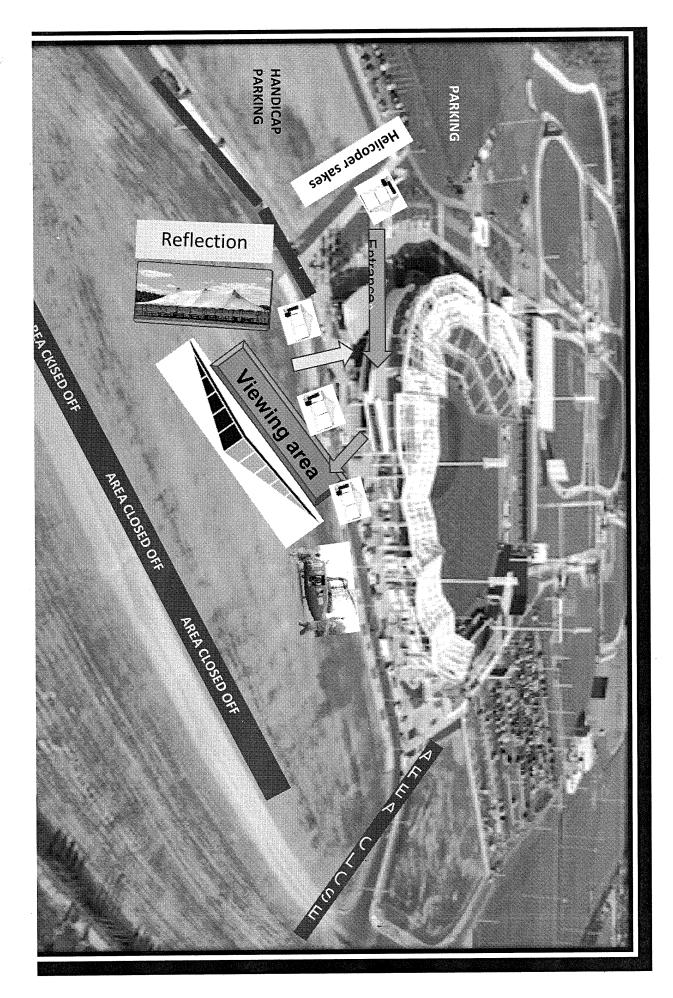
#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/02/2019

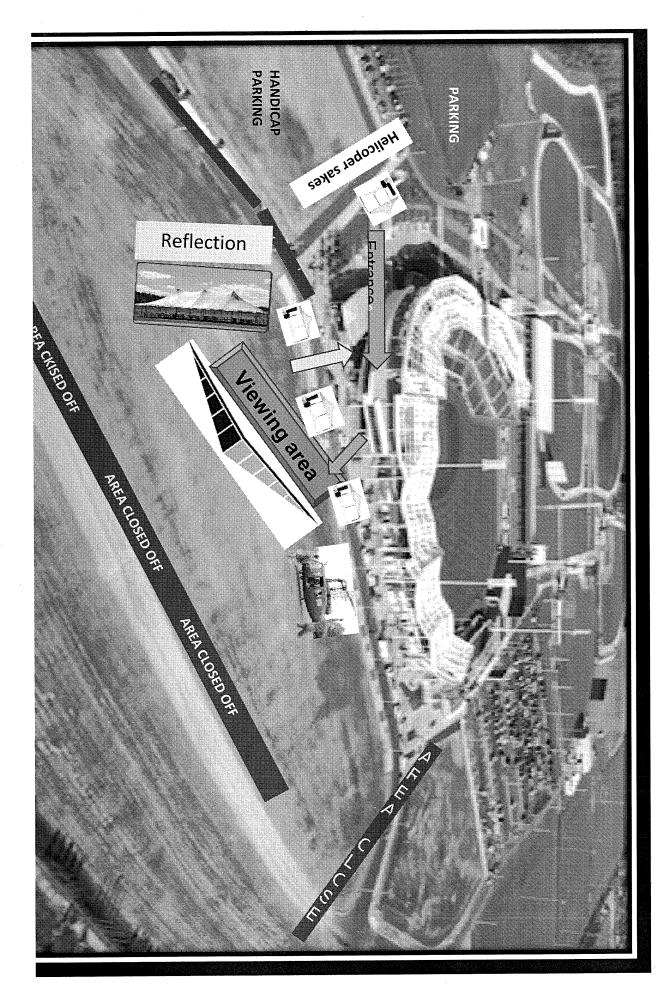
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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions 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). CONTACT Heather Cox PRODUCER License # L077730 AssuredPartners of Florida, Cape Coral 3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904 FAX (A/C, No): (239) 542-5527 PHONE (A/C, No, Ext): (239) 205-1537 E-MAIL ADDRESS: heather.cox@assuredpartners.com NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: Mount Vernon Fire Insurance Company 26522 INSURED INSURER B: Colonial Charitable Foundation Inc and American Legion Post INSURER C: 38 INSURER D P O Box 60931 Fort Myers, FL 33913 INSURER E INSURER F **REVISION NUMBER: COVERAGES** CERTIFICATE 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 POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 09/05/2019 09/11/2019 CLAIMS-MADE CL2751038 OCCUR X 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE Excluded PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N / A OFFICER/MEMBER (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE , If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Boston Red Sox Baseball Club Limited Partnership is named as additional insured with regards to general liability but only with respects to the operations of the named insured during the policy period. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. The Boston Red Sox Baseball Club Limited Partnership 11500 Fenway South Dr. Fort Myers, FL 33913

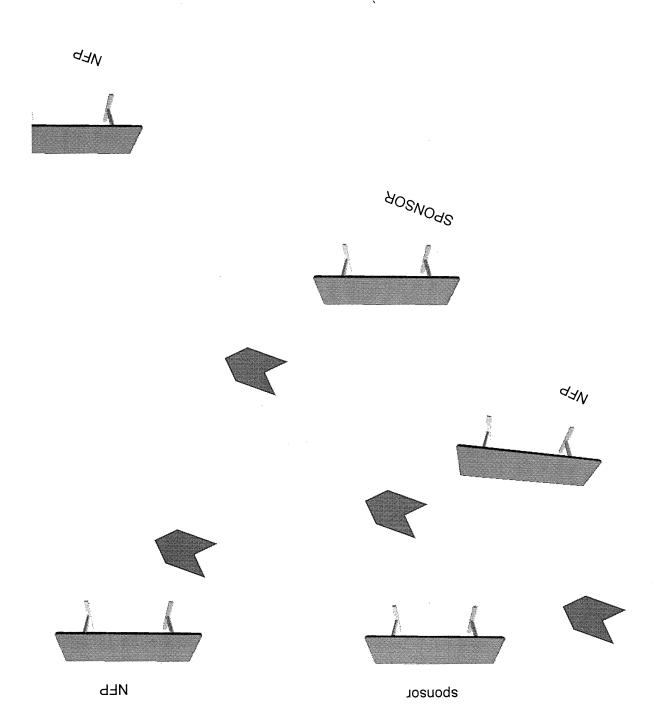
AUTHORIZED REPRESENTATIVE

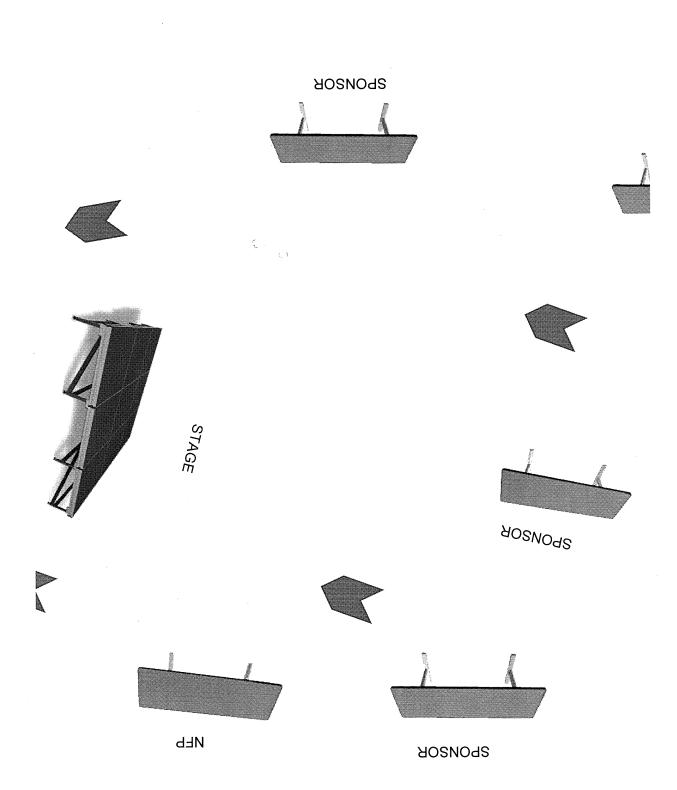


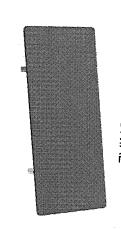
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COLONIAL



POST 38



#### NOTICE OF COMMENCEMENT

Tax	mit No Folio No
Stat	e of
Cou	inty of
	undersigned hereby gives notice that improvement will be made to certain real property, and in accordance a Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.  Description of property: (legal description of property and street address if available).
~	South Priva
2.	General description of improvement:
<u></u>	Temporary Wall
~	
3.)	Owner information:
$\overline{}$	Name Boston Red Sox Address 11500 Februar South Dave
	Phone 200 Funday South Providence Control Providenc
	Phone 25. 236-47314 Fax Interest in property Senior Manager Personal Senior Manager Manager Senior Manager Senior Senior Senior Manager Senior
	Name and address of fee simple tileholder (if other than Owner)
	Traine and address of ree simple interiorder (in other than Owner)
4.	Contractor: Name Volum teers
$\overline{}$	Address
	Phone Fax
5.	Surety:
	Name
	Address
	Address Phone Fax
6.	Lender:
	Name
	Address
	Phone Fax
7.	Persons within the State of Florida designated by Owner upon whom notices or other
	documents may be served as provided by Section 713.13(1)(a)7., Florida Statues:
	Name
	Address
	Phone Fax
8.	<b>In addition to himself or herself, Owner designates</b> the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statues.
	NameAddress
	Phone Fax
9.	Expiration date of notice of commencement (the expiration date is 1 year from date of recording
<i>)</i> .	unless a different date is specified)
Prin	ted Name JAy TANDEC Signature Signature
	led Name of Person Signing Notice) (Owner or Owner's Authorized Officer/Director/Partner/Manager)
	Owner's Name
	Owner's Address
NOT SEC TO ' SITE LEN	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE TICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENT UNDER CHAPTER 713, PART I, ITION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS YOUR PROPERTY, A NOTICE OF COMMENCEMENT MUST BY RECORDED AND POSTED ON THE JOB BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR DER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF IMMENCEMENT.
	Verification Pursuant to Section 92.525, Florida Statutes
	er penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the of my knowledge and belief.
	Signature of Natural Parent Signing Above