

EVENT PERMIT



Ordinance 17-08

9TH ANNUAL GULF COAST BEACH FESTIVAL

PERMIT NUMBER: TMP2019-00315

Date(s) of Event: OCTOBER 26, 2019 FROM 9:00AM UNTIL 4:00PM

Property Owner:

LEE COUNTY

Applicant:

MOOSE BROWN

772-261-7688

Description:

SURF AND BEACH FESTIVAL EVENT FOR CHILDREN AND YOUNG ADULTS DIAGNOSED WITH ASD ALONG WITH STATIC DISPLAYS, INTERACTIVE

EDUCATIONAL GAMES AND ACTIVITIES, MUSIC, EXHIBITS, GIVEAWAYS AND

Location of event: 1100 ESTERO BLVD, FORT MYERS BEACH, FL 33931

CRESCENT BEACH FAMILY PARK

Will the event be attended by 1000 or more people? No

Yes Will the event be held on County Owned Property?

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

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

9TH ANNUAL GULF COAST BEACH FESTIVAL

Tm P2019-00315



Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INFO	ORMATION (All Permit Types)
Title of Event / Name of Production	9th Annual Gulf Coast Beach Festival
Date(s) of Event / Production:	Saturday October 26, 2019
Location(s) of Event:	Crescent Beach Family Park
Name of Applicant:	Moose Brown
Applicant Address:	2201 SE Indian Street, Suite H-16 Stuart, FL 34997
Applicant Phone Number:	772-261-7688
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	,
Email Address:	moose@surfersforautism.org
Estimated Attendance:	750
Event Description: Include each activity, when activities take place, etc.	A surf and beach festival event for children and young adults diagnosed with ASD (Autism Spectrum Disorder) along with static displays, interactive educational games and activities, music, exhibits, giveaways, and raffles.
Hours of Operation:	9am to 4pm
STRAP # of Parcel:	24-46-23-W3-00013.0000
Owner of Premises*:	24-46-23-W3-00013.0000 LEE COUNTY

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of the premises? County Park
Are any temporary structures to be installed for the event? X Yes No Type:
Do you have the appropriate permits for the temporary structures?
For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities ndentified, including all parking areas.
Insurance Company Insuring the Event: John M. Glover Agency
Note: Certificate of Insurance must be submitted at time of application
Surety Company Bonding this Event (Name and Address):
Will Vehicles be Used as Part of This Event? 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 If yes, products liability coverage must be Included on the certificate of insurance. If yes, products liability coverage must be Included on the certificate of insurance. If yes, products liability coverage must be Included on the certificate of insurance.
Name & Address of Organization Local restaurants preparing off site and delivering Providing Food:
Type of Food being Served: Donated free food for participants
Section II - USE OF COUNTY PROPERTY PERMIT
Organization Sponsoring the Event:
Fill out this portion for applications for Solicitation in the County Rights-of-Way:
Name of Charity: Surfers for Autism II, Inc
Address of Charity: 22001 SE Indian Street, Suite H-16, Stuart, FL 34997
Phone Number: 772-261-7688
Non-profit certificate/registration number: 85-8017809284C-6
(Proof of registration with the Dept. of Agriculture & Consumer Services §496.405 or proof the organization is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT
Is alcohol being sold/consumed on County Property? Yes Yes Yes No If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.
Non-profit certificate/registration number: (Required if alcohol is to be <u>SOLD</u> at the event)
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 fo



Section IV - FILM / VIDEO /	PHOTOGRAPHY PERMIT	NA
ype of Production (choose all that	apply):	
••	TV Series / Pilot	TV Commercial Still Photos
Public Service Announcement	Industrial / Documentary	Other:
Will any of the following be needed	or included*?	
Street Closure		Yes No
Traffic / Crowd Contr	ol	├. Yes ├ No
Fire or Burning		T Yes T No
Explosives or Pyroted	hnics	├ Yes ├ No
Animals, Large or Sm	all	├ Yes ├ No
Construction of Any I	Kind	☐ Yes ☐ No
Large and/or Numero	ous Vehicles	├ Yes ├ No
Helicopters, Boats, e	tc.	┌──Yes ┌──No
Stunts		☐ Yes ☐ No
Other		Yes No
Special Parking Requirements:		i i
City or County Services Required	: (Personnel, equipment, facilities,	etc.)
	uired for local and state records on a not available, please estimate as clo	production in Florida to track the economic impact osely as possible.
Number in Cast:	Number in Crew:	Number of locals hired:
Total budget:	Estimate amount spent ir	n Lee County:
Hotel room nights:	Number of shooting days	

number of rooms x number of nights

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted 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 a	any and all information is accurate to the best of
his/her knowledge.	/
Man Krain	Therese James
Signature of Applicant	Witness
Mose Brown, President	Therese Tammy
Print Name of Applicant and Title	Print Name of Witness
10/4/19	Oy. 4,2019
Date	Date /



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS, FLORIDA 33912 (239) 477-1199

Check t	the ap	propriate	box(es)	below:
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None required

Deputies (How Many?):

 SPECIAL EVENT PERMIT IX USE OF COUNTY PROPERTY PERMIT PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES FILM PERMIT AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. Parking in authorized areas only. Parking:

None Fee for Services:

Event must follow noise control ordinance 15-01 which is attached Special Arrangements:

> Print Name: Captain J. Loethen Signature: Title: Special Events, Permits and Details Date:

> > Page | 6



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 E				
Fairner /	OUNTY PROPERTY	PERMIT		
FILM PERM		·		VOLID ODGANIZATION
AFTER REVIEWING THE WILL REQUIRE THE APPL			OW WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	SEE INVOICE FOR AI	NY FEES		
Flammable Vegetation:	N/A			
First Aid Equipment:	N/A			
Fire Extinguishing:	N/A			
Special Arrangements:	N/A			
	Print Name:	Jennifer Campbell		
	Signature:		Digitally signed by Jennifer Campbell Date: 2019,10.15 07:52:26 -04'00'	
	Title:	Deputy Fire Marshal		
	Date:	10-15-2019		



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check the appropri	ate box(es) belo	w:		
☐ SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY P	ERMIT		
☐ FILM PERM	NIT			
		EASE INDICATE BELOW WHAT A WITH FOR THEIR EVENT.	ARRANGEMENTS YO	UR ORGANIZATION
Treatment Facilities:	See Special Arrang	ements below.		
Medical Personnel:	See Special Arrang	ements below.		
Medical Supplies / Equipment:	See Special Arrang	ements below.		
Safety Requirements:	See Special Arrang	ements below.		
Fee for Services	See Special Arrang	ements below.		
Special Arrangements:	within their respons	Myers Beach Fire District for specif e district. Their address is 100 Voor ed at 239-590-4200.	ying EMS coverage for rhis Street, Fort Myers	this event, as it falls Beach, FL 33931.
ı	Print Name:	Douglas B. Higgins		
	Signature:	Douglas B. Higgins Controlled to Controlled	Dougha B. Hippina Hipping, orlice County Emergency Medical Services, Lee yo, activision folds, Special Operature and Support Services, appropriate and Services (Services)	
	Title:	Division Chief		
	Date:	10-10-2019		



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

Check the appropriate box	x(es)	below:
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SPECIAL EVENT PERMIT

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:	No event parking o	n or within Lee County ma	intained road rights-of-way.	
				·
Ingress and Egress:	Use all established	means of ingress and egre	SS.	

	Para			
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control as needed.	
				= +
	SS AAAA AAAA SS AAAAA AAAA AAAA AAAAA AAAAA AAAAA AAAAA			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2019.10.08 09:18:43 -04'00'	
	Title:	Senior Project Manager	V	
	Date:	October 8, 2019		

Surfers for Autism - Crescent Beach - Oct. 26, 2019

Lee County Event Permit Application

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

		FORT MYERS,FLORIDA33916 (239) 533-7275	
Check the appropri	iate box(es) bei	low:	
SPECIAL E	VENT PERMIT		
⋉ USE OF CO	UNTY PROPERTY	PERMIT	
F PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	•
FILM PERM	/IIT		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORG PLY WITH FOR THEIR EVENT.	ANIZATION
Illumination:	No Illumination be Park is open from 7	fore 7 am. Lighting will not be required or permitted. 7 am to dusk.	
Parking Areas:	All parking is off si	te. Use of on-site parking is for equipment tralier & emergency vehicles or	nly.
Special Arrangements:		ble for any damages. A thorough walk-through of the park site must be n inty representative & event coordinator.	nade prior to
	Print Name: Signature; Title;	Kimberly Garrett Kymberly Sursett Administrative Manager	
	Date:	9/30/19	



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

Check the appropriat	e box(es) bel	ow:
SPECIAL EVE	NT PERMIT	
IX: USE OF COU		PERMIT
		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT		
,		
AFTER REVIEWING THE A	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Insurance Requirements:	Commercial gene	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per
man and the specific section of the	occurrence to pro	otect against bodily injury and/or property damage relative to applicants use of
	aforementioned	event within Lee County.
Special Arrangements:	A Certificate of Ir Board of County additional insure	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
	Subject to proof	of insurance.
	'	
	Print Name:	Mike Figueroa
		The di
	Signature:	/hh for -
	Title:	Risk Program Manager

October 8, 2019

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/24/2019

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(les) 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 Penny Spinola PRODUCER PHONE (A/C, No, Ext): 203-956-2495 E-MAIL FAX (A/C, No): 203-274-9405 John M. Glover Agency P.O. Box 700 ADDRESS: pspinola@johnmglover.com Norwalk CT 06852 NAIC # INSURER(S) AFFORDING COVERAGE 21113 INSURER A: United States Fire Insurance Company SURFFOR-02 INSURER B: INSURED Surfers for Autism, Inc. INSURER C: 2201 SE Indian St. Suite H 16 INSURER D: Stuart FL 34997 INSURER E : INSURER F : REVISION NUMBER: **CERTIFICATE NUMBER: 2102198872 COVERAGES** 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) (MM/DD/YYYY) ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD \$1,000,000 2/15/2019 EACH OCCURRENCE USP288291 COMMERCIAL GENERAL LIABILITY X Α DAMAGE TO RENTED \$300,000 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 PRODUCTS - COMPIOP AGG PRO-JECT LOC POLICY \$ OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ŝ BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) \$ OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE 8 UMBRELLALIAB 3 AGGREGATE **FXCESS LIAB** CLAIMS-MADE RETENTION \$ PER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA EMPLOYEE OFFICERAMENTA CONTROL OF A CONT E.L. DISEASE - POLICY LIMIT Max Medical ACC Death/Dismember 2/15/2019 2/15/2020 US1029425 5,000 Accident Medical DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder is named as Additional Insured only with respect to the acts of the Named Insured and only with respect to the Operations of the Insured during the coverage 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.

Lee County Board of County Commissioners 2115 2nd Street Ft Myers, FL 33901

AUTHORIZED REPRESENTATIVE

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REQUEST FOR FEE WAIVER

LEE COUNTY PARKS AND RECREATION 3410 Palm Beach Boulevard Fort Myers, FL 33916

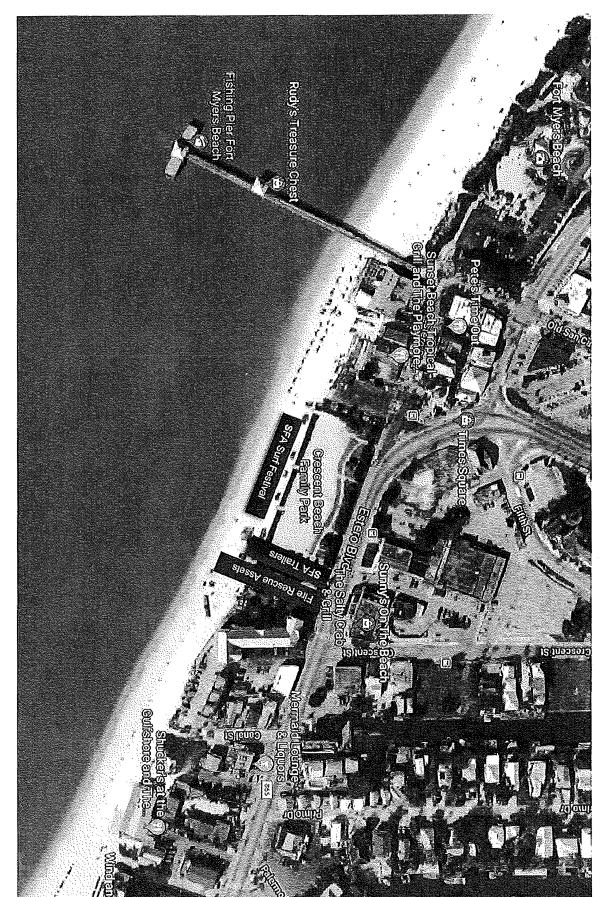
Phone (239) 533-7275 Fax (239) 485-2303

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

Date Form Completed: September 30, 2019
Name of Agency or Organization: Surfers for Autism
Contact Person: Theresa Tammy Phone #: 954-304-6604
Address: 2201 SE Indian St., Suite H-16 Stuart, FL 33994
Requested Facility & Location within that Facility: Crescent Beach Family Park
Date of Activity: October 26, 2019 Time of Activity: Community Event for Autism
Type of Activity: Expected Number of Participants:
Fees you are Requesting to have Waived: \$500.00
Reason applying for Fee Waiver (list benefits to Lee County if fee is waived): This entire event is FREE. They register 200 participants. Everyone who works the event are volunteers. They have 300 volunteers working the event. They expect 2,500 people. The local businesses donate food to feed everyone. In addition to teaching surfing they have face painting, they paint a fire truck, games, t-shirts, etc. It's a community event that brings in lots of local businesses and organizations. Everything is FREE. Our Blueway Coordinator works closely with them & offers events on Sunday.
For Office Use Only
Manager/Supervisor: Approved X Denied 501-C Attached: Yes No Justification: Free Community Event for families with special needs.
Signature: Kathy Loomis Date: September 30, 2019
Director of Parks and Recreation: Approved Denied
Justification: Commonity Event Signature: Jene Jell Date: 10/1/19







GULF OF MEXICO

Surf/Recreation Zone

Approximately 180 feet

Registration/First Aid





**10x10 canopies secured to ground with weighted buckets on No electric or generators, all corners.

Volunteers











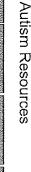














10×10

10×10 | 10×10

10x10

10×10

Sponsors

10X10 10X10



2019 Surfers for Autism Event Site Layout

separated from general public and supplied with certified tagged fire

**Power for Hub being supplied by portable generator that will be