

### **EVENT PERMIT**



Ordinance 17-08

#### FORT MYERS BIKE NIGHT

PERMIT NUMBER: TMP2019-00323

Date(s) of Event: NOVEMBER 9, 2019 FROM 5:00PM UNTIL 10:00PM

Property Owner:

TMCFM INC

Applicant:

KALEY TYREE

2392754647

Description:

MOTORCYCLE EVENT WITH LIVE MUSIC, VENDORS, FOOD, BEER, ALCOHOL,

LIQUOR, MICRO WRESTLING, CLOSE UP MAGIC/MIME ON NOVEMBER 9, 2019

FROM 5:00PM UNTIL 10:00PM

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

ROCKSTAR HARLEY-DAVIDSON 9501 THUNDER RD AND 9510 THUNDER RD

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

Will the event be held on County Owned Property? No

Will there be alcohol consumed or sold at the event?

Sold and Consumed

Will a bond be posted for this event?

No

#### Permit Conditions:

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

Board of County Commissioners Lee County, Elorida

County Manager

Date

ftmpprmt\_specialevent.rpt



# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **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 INF	Section I - GENERAL INFORMATION (All Permit Types)					
Title of Event / Name of Production	Fort Myers Bike Night					
Date(s) of Event / Production:	November 9,2019; January 11, 2020; Morch 14, 2020; May 9,2020					
Location(s) of Event:	Rockstar Harley - Davidson					
Name of Applicant:	Kaley Tyree					
Applicant Address:	9501 Thunder Rd. Fort Myers, FL 33913					
Applicant Phone Number:	239-275-4647					
Contact Person: (If different from applicant)	Same as above					
Contact Phone Number: (If different from applicant)	same as above					
Email Address:	marketing @ rockstar harley.com					
Estimated Attendance:	1000					
<b>Event Description:</b> Include each activity, when activities take place, etc.	LIVE music, vendors, food, beerlalcohol/liquor, micro wrestling, close up magic/mime					
Hours of Operation:	5pm - 10pm					
STRAP # of Parcel:	22-45-25-13-24000,0010					
Owner of Premises*:	TMCFM Inc.					

<sup>\*</sup>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 th	e premises?		
Are any temporary structures to be in	stalled for the event?   Yes   No	Туре:	
Do you have the appropriate permits f	or the temporary structures?	「Yes	
For a 'Special Event' and 'Use of Coundentified, including all parking areas	inty Property' permit, submit a site plan wi	th all proposed facilities and ac	tivities
Insurance Company Insuring the Even	t:		
Note: Certificate of Insurance must be submit	ted at time of application		
Surety Company Bonding this Event (N	Name and Address):	No.	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages served/consumed at this Ev	
r Yes r⊀No	XYes \( \text{No} \)	KYes F. 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 mu included on the certificate of insur	
Name & Address of Organization Providing Food: -	Food Trucks		
Type of Food being Served:			
Section II - USE OF COUNTY I	PROPERTY PERMIT		
Organization Sponsoring the Event:			
 Fill out this portion for applications fo	or Solicitation in the County Rights-of-Way	:	
Name of Charity: LAMA F	t. Myers		
	nlee st. Lehigh Acv	es, FL 33974	
Phone Number: <u>305 -333</u>	-3676		
	mber: $85 - 801718222$ & Consumer Services §496.405 or proof the organization is		
	TION OF ALCHOLIC BEVERAGES PI		3)
s alcohol being sold/consumed on Co f Yes, then a "Lee County Alcohol Permit" is required	unty Property?  d. Only non-profit organizations can sell alcohol on County	Yes No	
Non-profit certificate/registration nur Required if alcohol is to be <u>SOLD</u> at the event)	nber: 85-80171822230	-7	
Please note: A permit from the State of Florid	a Division of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-	0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

- (- 1)		/-	
Type of Production (choose all that apply):	,		
	ies / Pilot	TV Commercial	Still Photos
Public Service Announcement Industri	ial / Documentary	Other:	
Will any of the following be needed or included	<b>!</b> *?		
Street Closure		Yes No	
Traffic / Crowd Control	/	┌ Yes ┌ No	
Fire or Burning		☐ Yes ☐ No	
Explosives or Pyrotechnics		┌ Yes ┌ No	
Animals, Large or Small		YesNo	
Construction of Any Kind		┌ Yes ┌ No	
Large and/or Numerous Vehicles	X	☐ Yes ☐ No	
Helicopters, Boats, etc.		┌ Yes ┌ No	
Stunts		┌ Yes ┌ No	
Other		┌ Yes ┌ No	
* For any marked Yes, provide further details	holowy		
Tot any market res, provide further details	gelow.		
/			
		\	
Special Parking Requirements:			
City or County Services Required: (Personnel	Loquinment facilities of	to )	
City of County Services Required. (Personner	, equipment, racinties, e	IC.)	
/.			
The following information is required for loca	l and state records on pr	oduction in Florida to tra	ick the economic impact of
the industry. If exact figures are not available			
Number in Cock	Number in Craw	Niveria	lating d
Number in Cast:	Number in Crew:	Number of locals	nirea: 
Total budget:	Estimate amount spent in I	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 any and all information is accurate to the best of his/her knowledge.

Kalery Typer Signature of Applicant	Witness
Kaley Tyree Event Coordinator	Withess F
Print Name of Applicant and Title	Print Name of Witness
10/ /19	
Date '	Date



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

		(233) 477-	7777		
Check the appropri	ate box(es) be	low:			
	ENT PERMIT				
	UNTY PROPERTY	/ PFRMIT			
,			EVERAGES WITHIN LEE C	OUNTY FACILITIES	
FILM PERM					
, , , , , , , , , , , , , , , , , , , ,					
AFTER REVIEWING THE WILL REQUIRE THE APPL				MENTS YOUR ORGANI	ZATION
WILL REQUIRE THE AFFE	JCANT TO COM	FEI WIIIII ON IIIE	V CATIAI.		
Parking:	Parking in autho	orized areas only.			
		-			
Deputies (How Many?):	2 deputies for se	curity each event.			
Deputies (110 vv 1vidity.).		•			
\$					
Fee for Services:	\$48/hr per deput	y with a 4 hour minim	um.		
				,	
Special Arrangements:	Must adhere to	the Lee County Nois	e Ordinance.		
	1				è
	Print Name:	Lt. S/Brady			
	Signature:	Steven	7. Brady		
	Title:	Special Events, Pe			
	Date		_		
	Date:	10-22-19	7		



#### 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:

	VENT PERMIT					
USE OF CO	OUNTY PROPERTY	PERMIT				
FILM PERI	MIT				,	
AFTER REVIEWING THE WILL REQUIRE THE APPL					MENTS YOUI	R ORGANIZATION
Fire Guards (How Many?)	NA DUE TO PRESEN	ICE OF LCSO ON SITE.				
	I					
Fee for Services:	NA					:
. •						
Flammable Vegetation:	KEEP 10' CLEARANG	CE FROM ANY AND AL	L HEAT S	OURCES		
First Aid Equipment:	CALL 911 IF NEEDEL	)				
						:
						:
Fire Extinguishing:	FOOD TRUCKS AND ACCESSIBLE.	ANY OTHER FOOD V	ENDOR M	UST HAVE APPROPR	HATE EXTINGUIS	SHER EASILY
**						
Special Arrangements:	AT THIS TIME NO FE VARIANCES.	STAND BY IS BEING I	REQUIRED	). THIS MAY CHANG	E DEPENDING C	ON CALL VOLUME
	THIS APPROVAL IS F	FOR ALL DATES ON AF	PPLICATIO	N.		
				. , ,		
	Print Name:	Nate Burley				
	Signature:	Nate Burley		Digitally signed by Nate Bui Date: 2019.10.24 10:16:11 -(		
	Title:	Division Chief - Fire	& Life Safe	ety		
•	Date:	OCTOBER, 24, 2019			1.10	



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

Check the appropriate box(es) below:

SPECIAL EV  USE OF CO  FILM PERM	UNTY PROPERTY P	PERMIT
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
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.	e event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins  Opular lowed to Douglas Linguis  Or controllegate in Singuis count from principles a Linguis  on Controllegate in Singuis count from the County Finder Linear County Finder Linear  on County Finder Line
	Title:	Division Chief
	Date:	10-17-2019



# **DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET**

	FORT MYERS,FL33901 (239) 533-8580
Check the appropri	ate box(es) below:
	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Park in designated areas. No event parking on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established means of ingress and egress.
Special Arrangements:	Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller Digitally signed by Bryan D. Miller Date: 2019.10.17 07:28:45 -04'00' Signature: Bryan D. Miller Title: Senior Project Manager Date: October 17, 2019

# Fort Myers Bike Night - Rockstar Harley-Davidson

Lee County Event Permit Application



Nor. 9,2019 Jan. 11,2020 Mar. 14,2020

May 9, 2130 LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

. 11,2020 : 14,2020	FORT MYERS,FLORIDA33916 (239) 533-7275
	VENT PERMIT  UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
llumination:	N/A
Parking Areas:	N/A
pecial Arrangements:	N/A-Event is not on or near Lee County Parks and Recreation property and will not affect our operations or programs.
	Print Name: Kimberly Garrett  Signature: Administrative Mar.  Date: October 11, 2019



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

		,			
Check the appropria	te box(es) be	low:			
SPECIAL EVE	NT PERMIT				
┌─ USE OF COU	NTY PROPERTY	PERMIT			
PERMIT TO S	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES			
FILM PERMI	Т				
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.			
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.			
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.				
	Subject to proof	of insurance.			
	11/09/2019 Fo	rt Myers Bike Night Only, will need a new certificate for future events			
	Print Name:	Mike Figueroa			
	Signature:	Mile from			
	Title:	Risk Program Manager			
	Date:	October 14, 2019			



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2019

								10	/11/2019
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVEL THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER. AND	r or N Does	IEGAT NOT	TIVELY AMEND CONSTITUTE	E A CO	OR ALTER TH	E COVERAGE	AFFORDED BY	THE POL	ICIES BELOW.
IMPORTANT: If the certificate holder is an SUBROGATION IS WAIVED, subject to the certificate does not confer rights to the ce	ADDI	TIONA s and	L INSURED, the	ne policy( the policy	v. certain polici	ADDITIONAL es may require	NSURED provi	sions or b ent. A star	e endorsed. If tement on this
PRODUCER	HILLENA		CI III IICH VI VI			ALERSHIP	<del></del>		***************************************
K&K INSURANCE GROUP, INC.					PHONE (A/C, No. Ext): (80		FAX (A/C, No):	(260) 459-	-5511
P.O. BOX 2338				1	E-MAIL ADDRESS:		[AC, NO].	()	
FORT WAYNE, IN 46801				Ì		SURER(S) AFFORD	ING COVERAGE		NAIC #
				1	INSURER A: NA	TIONAL CASU	ALTY COMPAN'	Y	11991
INSURED		,	and the first time and the state of the stat		INSURER B:				
TMCFM, INC. & TMCBB, INC.				]	INSURER C:		* * * * * * * * * * * * * * * * * * * *		
DBA: ROCKSTAR HARLEY-DAVIDSON, MO 9501 THUNDER ROAD	TOWN	HARI	_EY-DAVIDSON	, ,	INSURER D:		· · · · · · · · · · · · · · · · · · ·		
FORT MYERS, FL 33913				Ì	INSURER E:				
				Ī	INSURER F:				
COVERAGES		-	CERTIFICATE N	NUMBER:	C110420			REVISIO	N NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIRED CERTIFICATE MAY BE ISSUED OR MAY PERTAIL AND CONDITIONS OF SUCH POLICIES. LIMITS S	REMEN N, THE HOWN	T, TEF INSUR MAY F	RM OR CONDITI ANCE AFFORDE HAVE BEEN REDU	ON OF A	NY CONTRACT ( POLICIES DESCR PAID CLAIMS.	OR OTHER DOG IBED HEREIN IS	CUMENT WITH F	RESPECT T	O WHICH THIS
INSR TYPE OF INSURANCE	ADDL	SUBR	POLICY NU	MBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY			KKO0000022	2693000	1/8/2019	1/8/2020	EACH OCCURREN		\$1,000,000
CLAIMS-MADE X OCCUR					12:01 AM	12:01 AM	DAMAGE TO RENT PREMISES (En Occ	ED (urrence)	EXCLUDED
	1						MED EXP (Any one		EXCLUDED
							PERSONAL & ADV	YAULM	\$1,000,000
							GENERAL AGGREG	GATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	P/OP AGG	\$2,000,000
X POLICY PROJECT LOC							LEGAL LIAB TO PAR	RTICIPANTS	
OTHER;		<u> </u>					PROFESSIONAL LE		
A AUTOMOBILE LIABILITY			KKO0000022	2692900	1/8/2019	1/8/2020	COMBINED SINGLE (Ea accident)	TIMIT	\$1,000,000
X ANY AUTO					12:01 AM	12:01 AM	BODILY INJURY (Pe	r person)	
OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		
X GARAGE LIABILITY							AGGREGATÉ (Óthe Only)	er Than Auto	\$3,000,000
A UMBRELLA LIAB X OCCUR			XKO0000022	2693100	1/8/2019	1/8/2020	EACH OCCURREN	CE	\$3,000,000
X EXCESS LIAB CLAIMS-MADE					12:01 AM	12:01 AM	AGGREGATE		\$3,000,000
DED RETENTION WORKERS COMPENSATION							1050		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/	N/A						PER STATUTE	OTHER	
EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDEN		
If yes, describe under OESCRIPTION OF OPERATIONS below			Į				E.L. DISEASE - EA E		
	↓						E.L. DISEASE POLI	ICYLIMIT	
PARTICIPANT ACCIDENT						i	AD&D		
							Primary Medical		
							Excess Medical		
		<u> </u>	<u> </u>		Ll		Weekly Indemnity		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE: CERTIFICATE HOLDER IS NAMED ADDITION ABOVE NAMED INSURED FOR THE EVENT	NAL IN	SURE	D, BUT ONLY V	MITH RES				HE NEGLIO	ENCE OF THE
CERTIFICATE HOLDER				CANCE	LLATION				
LEE COUNTY BOARD OF COUNTY COMMIS P.O. BOX 398				SHOULE EXPIRA	ANY OF THE AE	EOF, NOTICE W	D POLICIES BE	CANCELLEI ED IN ACCO	BEFORE THE
FORT MYERS, FL 33902	OK 1	10/14/	2019		LICY PROVISIONS ED REPRESENTATIV				
	AUTHORIZED REPRESENTATIVE						11		

### 9510 Thunder Road, Fort Myers, FL 33913 844-749-2363

October 22, 2019

Re: Lee County Special Event Application

I am the property owner of Six Bends located at 9510 Thunder Road, Fort Myers, FL 33913. Rockstar Harley-Davidson will be hosting their Bike Night on Saturday, November 9, 2019 at Rockstar Harley-Davidson and will utilize our grass parking area for car parking.

I have given my permission to Rockstar Harley-Davidson to utilize our pre-designated grass parking area for this event's car parking.

Sincerely,

Jeffery Scott Fischer

Property Owner

Kimberly Haskins

Notary Public

State of Florida

KIMBERLY HASKINS
Commission # FF 938566
Expires March 21, 2020
Box load I hav Trey Fain Insurance 902-35-3-01

### TMC FM Inc. dba Rockstar Harley-Davidson 9501 Thunder Rd, Fort Myers, FL 33913

239-275-4647

October 22, 2019

Re: Lee County Special Event Permit Application

I am the property owner of TMC FM Inc. dba Rockstar Harley-Davidson located at 9501 Thunder Rd, Fort Myers, FL 33913. Rockstar Harley-Davidson will be hosting the Fort Myers Bike Night event on Saturday November 9, 2019 at Rockstar Harley-Davidson and will utilize all parking lots, Riding Academy Range, and sanitary facilities located inside the dealership for this event.

I have given my permission to Rockstar Harley-Davidson to utilize our parking lots and Riding Academy Range for car and motorcycle parking, as well as the sanitary facilities throughout the dealership for this event.

Sincerely,

Paul Veracka

**Property Owner** 

Sworn and subscribed before this day, 10-22-19 by Paul Veracka, who is personally known to me.

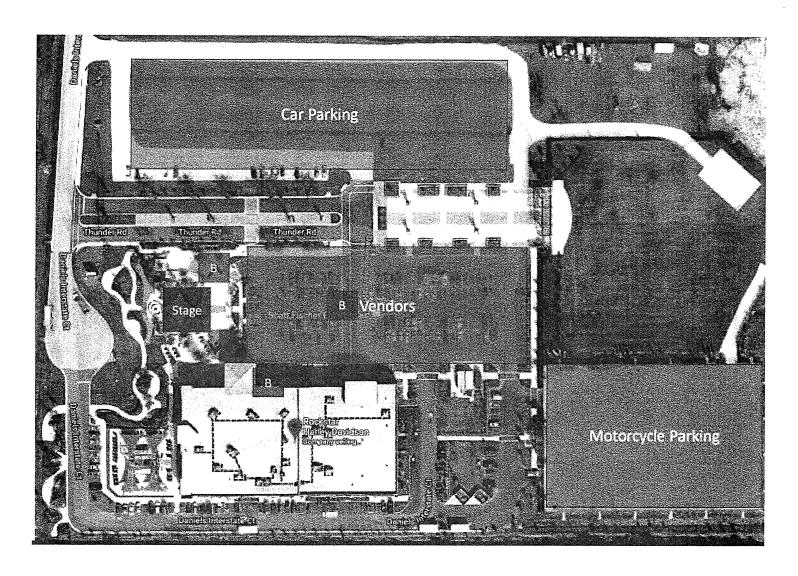
Juliana Garcia Commission # GG178918 Expires: January 24, 2022

Bonded thru Aaron Notary

Juliana Garcia

**Notary Publix** 

State of Florida



Fort myers Bike Night Layout
11/9/19
1/11/20
3/14/20
5/9/20