



EVENT PERMIT

Ordinance 17-08



WALK MS: ESTERO

PERMIT NUMBER: TMP2020-00044

Date(s) of Event: MARCH 7, 2020 FROM 5:30AM UNTIL 2:00PM

Property Owner: LEE COUNTY

Applicant: KIAH ROBINETTE
954-676-3928

Description: ONE OR THREE MILE WALK THROUGH THE PARK TO RAISE AWARENESS AND FUNDS FOR PROGRAMS AND RESEARCH FOR THOSE LIVING WITH MULTIPLE SCLEROSIS ON MARCH 7, 2020 FROM 5:30AM UNTIL 2:00PM

Location of event: 9200 CORKSCREW PALMS BLVD, ESTERO, FL 33928
ESTERO COMMUNITY PARK

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

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

 2-14-2020
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

WALK MS: ESTERO

TMP2020-00044

Lee County Event Permit Application



Event Application

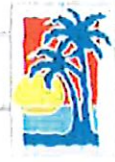
Check the appropriate box(es) below:

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

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	Walk MS: Estero
Date(s) of Event / Production:	Saturday, March 7, 2020
Location(s) of Event:	Estero Community Park
Name of Applicant:	National Multiple Sclerosis Society
Applicant Address:	3125 W Commercial Blvd, Suite 100 Fort Lauderdale, FL 33309
Applicant Phone Number:	954-676-3928
Contact Person: (If different from applicant)	Kiah Robinette
Contact Phone Number: (If different from applicant)	281-658-5400 (cell)
Email Address:	kiah.robinette@nmss.org
Estimated Attendance:	400
Event Description: Include each activity, when activities take place, etc.	One or Three mile walk option through the park where participants raise awareness and funds for programs and research for those living with multiple sclerosis.
Hours of Operation:	5:30am- 12:00noon 2:00pm
STRAP # of Parcel:	
Owner of Premises*:	Lee County Parks and Recreation

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? _____

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: Tents _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No _____

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: National MS Society _____

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?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: _____

National MS Society

Type of Food being Served: Prepackaged snacks, fruit, bottled water, coffee, etc. _____

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: National Multiple Sclerosis Society _____

Address of Charity: 3125 W Commercial Blvd, Suite 100, Fort Lauderdale, FL 33309 _____

Phone Number: 281-676-3928 _____

Non-profit certificate/registration number: 13-5661935 _____

(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 ☒ 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 **SOLD** 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 for further details

Type of Production (choose all that apply):

Will any of the following be needed or included*?

* For any marked Yes, provide further details below:

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Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Page 3



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 premises 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

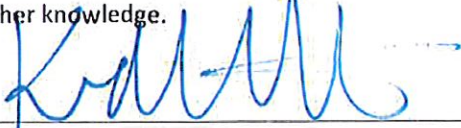


SECTION V - AGREEMENT

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.



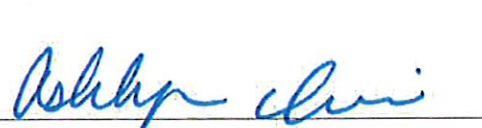
Signature of Applicant

Kiah Robinette

Print Name of Applicant and Title

12/04/19

Date



Witness

Ashlyn Iervasi

Print Name of Witness

12/04/19

Date

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ 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:

Parking in authorized areas only.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

None

Print Name: Captain J. Loethen

Signature:

Title:

Special Events, Permits and Details

Date:

Lee County Event Permit Application



FIRE DEPARTMENT

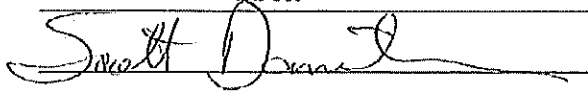
*The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.*

Check the appropriate box(es) below:

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Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	Call 911 for Emergencies
Fire Extinguishing:	Call 911 for Emergencies
Special Arrangements:	

Print Name: Scott Danielson
Signature: 
Title: Lt. Fire Prevention
Date: 11/13/2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	None necessary.
Medical Personnel:	None necessary.
Medical Supplies / Equipment:	None necessary.
Safety Requirements:	No additional precautions necessary.
Fee for Services	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digital signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, o=Lee County Emergency Services
e=Douglas.B.Higgins@leegov.net, ou=Lee County
C=US, email=Douglas.B.Higgins@leegov.net

Title: Division Chief

Date: 08-27-19

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

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Parking:	Park in designate 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:	None.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2019.08.09 14:34:39 -04'00'

Title: Senior Project Manager

Date: August 9, 2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:	The event organizer is to provide own lighting if needed.
Parking Areas:	All vehicles must use designated parking area in the parking lots. No vehicles on the central lawn area. Organizers may drop off supplies via the service road between the Rec Center and the Chiller area and then remove vehicles. For overflow parking, contact Select Real Estate Office Manager, Stephanie Miller at 239-851-0995 Stephanie@selectre.net and also contact Keith at Collier Association Management 239-793-1643. Must obtain authorization to use their respective parking lots.
Special Arrangements:	No staking of tents or any inflatable devices, must use water barrels or sand bags. Organizers must order a dumpster if food vendors are on site and portable toilets if needed at organizers expense. No Banners or signs are permitted outside of the park boundaries. Outdoor restrooms open at 7:00 am and close at 9:00 pm Parks Gates open at 6:00 am Rec Center restrooms open Sat and Sun at 9:00 am - 5:00 pm Contact Trever Shearley at 239-771-1079 or the Rec Center at 239-498-0415 for questions

Print Name: Alise Flanjack

Signature: Alise Flanjack

Title: Deputy Director

Date: 8/10/19

Walk M.S.
Espero Park
3/7/2020

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned 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.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

February 3, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2020

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).

PRODUCER MARSH USA, INC 445 SOUTH STREET MORRISTOWN, NJ 07960-0454 Attn: Morristown CertRequest@marsh.com Fax: 212-948-0979	CONTACT NAME: PHONE (A/C, Ho, Ext) FAX (A/C, No): E-MAIL ADDRESS:
INSURED NATIONAL MULTIPLE SCLEROSIS SOCIETY 480 SOUTH FLORIDA CHARTER 3-25 WEST COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33309	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
FORT L	NAIC # 20291

COVERAGES **CERTIFICATE NUMBER:** NYC-003699002-23 **REVISION NUMBER:** 8

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.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY		3583 31-49	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPAH AGG \$ 1,000,000 OTHER \$
A	X AUTOMOBILE LIABILITY		7353 02-37	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Compl/Col Deductible \$ 1,000
	OWNED AUTOS ONLY	SCHEDULED AUTOS				
X	THIRD AUTOS ONLY	X NON-OWNED AUTOS ONLY				
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		71763467	12/31/2019	12/31/2020	X PER STATUTE OTH FR E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LEE COUNTY BOARD OF COMMISSIONERS IS INCLUDED AS AN ADDITIONAL INSURED EXCLUDING WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY
OK 02/03/2020
Handwritten signature

CERTIFICATE HOLDER LEE COUNTY BOARD OF COMMISSIONERS PO BOX 396 FORT MYERS FL 33902	CANCELLATION 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 of Marsh USA Inc, Manashi Mukherjee <i>Manashi Mukherjee</i>
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- 1. Registration - 10 tbl / 8 ch
- 2. Living with MS - 2 tbl / 2 ch
- 3. Kids Zone - 2 tbl / 4 ch
- 4. Food Service - 6 tbl
- 5. Dining - 18 tbl / 106 ch
- 6. Rest Stop - 1 tbl / 2 ch
- 7. DJ - 1tbl / 2 ch
- 8. Volunteer/ First aid 2 tbl / 2 ch

TEAMS - 1tbl / 5 ch

- 9. Don't MS w a Rooney
- 10. Christina's Crusaders
- 11. MS Flyers
- 12. MOM'S Army

SPONSORS - 1tbl / 2 ch

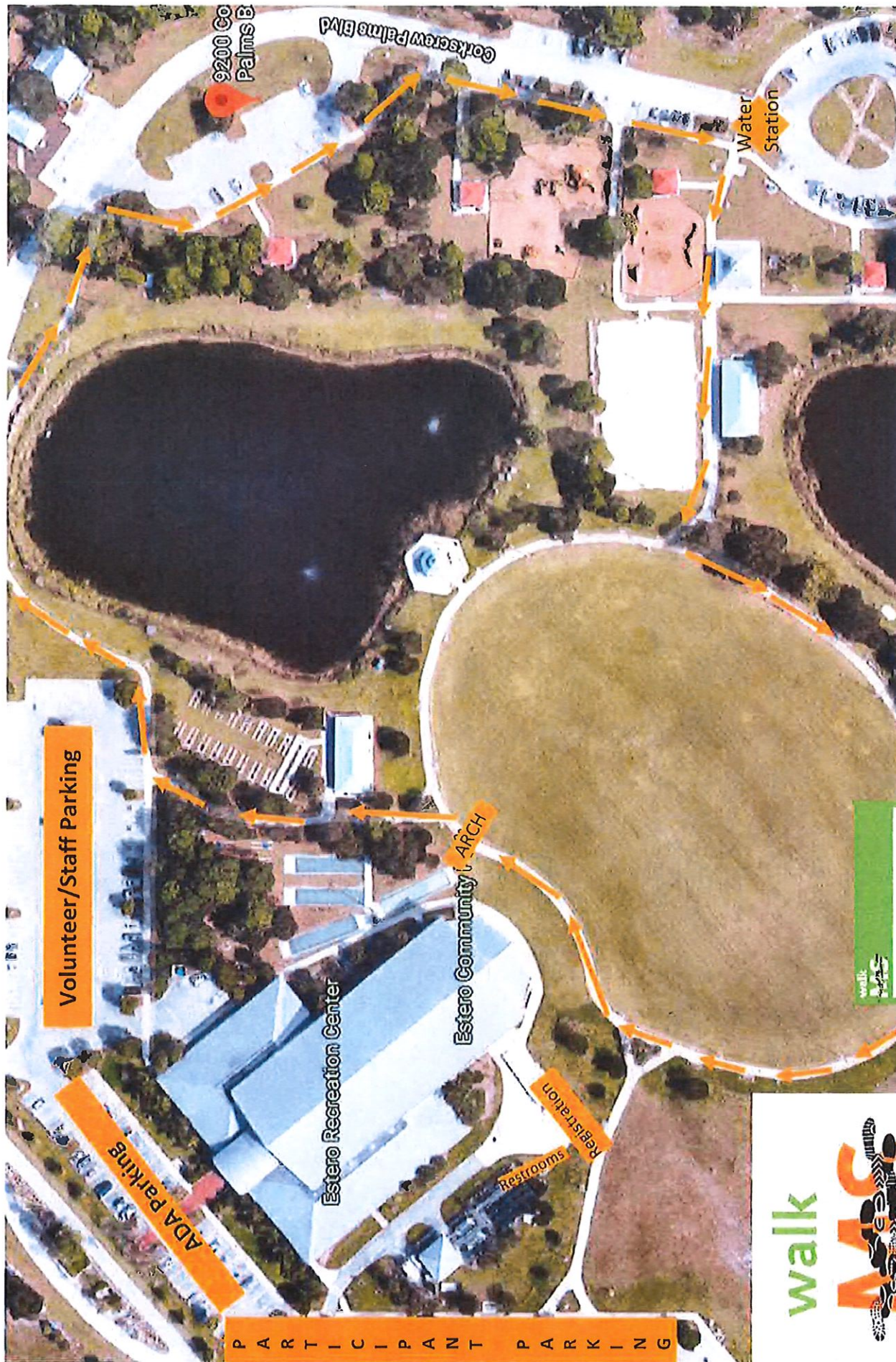
- 13. Collier Neurologic
- 14. Lee Health
- 15. Fox 4
- 16. Suncoast Credit Union
- 17. Florida Neurology Group

**GREEN - INFORMATION
**ORANGE - TO SCALE

Lead RM : Antonella Fegan
Cell Number : 862-253-5944
Lead EP : Michelle Doyle
Cell: 954- 240- 3076

Start Time - 9:00AM
Estero Community Park - 9200
Corkscrew Palms Blvd., Estero,
Florida 33928

walk
MS Saturday, March 7, 2020



Walk MS: Estero – Route Map
Saturday, March 7, 2020



