



EVENT PERMIT

Ordinance 17-08



SCOPE FOR HOPE ANNUAL 5K WALK/RUN

PERMIT NUMBER: TMP2020-00045

Date(s) of Event: MARCH 7, 2020

Property Owner: LEE COUNTY

Applicant: Kathy Tolentino
239-936-3756

Description: 5K RUN AND 2 MILE WALK TO RAISE AWARENESS AND FUNDS FOR
COLORECTAL CANCER ON MARCH 7, 2020 FROM 6:00AM UNTIL 1:00PM

Location of event: 0 BEN C PRATT SIX MILE CYPRESS PKWY, FORT MYERS, FL 33912
CENTURYLINK SPORTS COMPLEX

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

 2-19-2020
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

SCOPE FOR HOPE ANNUAL 5K WALK/RUN

TMP 2020-000 45

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	Scope for Hope Annual 5K Walk/Run
Date(s) of Event / Production:	Saturday, March 7, 2020
Location(s) of Event:	Century Link Sports Complex at Hammond Stadium 14100 Ben C Pratt, Six Mile Cypress Pkwy
Name of Applicant:	Community Cancer Education, Inc. dba 21st Century C.A.R.E.
Applicant Address:	2234 Colonial Boulevard Fort Myers, FL 33907
Applicant Phone Number:	239-936-3756
Contact Person: (If different from applicant)	Kathleen Tolentino
Contact Phone Number: (If different from applicant)	N/A
Email Address:	Kathy.Tolentino@21co.com
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	5K Run & 2 Mile walk to raise awareness and funds for Colorectal Cancer
Hours of Operation:	6:00 AM to 1:00 PM (approximate)
STRAP # of Parcel:	3045250000040010
Owner of Premises*:	

*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? CF

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

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: Scottsdale Insurance Company

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, automobile coverage must be included on the certificate of insurance.	Will Food be Available at this Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, products liability coverage must be included on the certificate of insurance.	Will Alcoholic Beverages be served/consumed at this Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, liquor liability coverage must be included on the certificate of insurance.
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Name & Address of Organization Providing Food: food is donated by local businesses

Type of Food being Served: Fruit, Water, Coffee, Bagels

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: 21st Century C.A.R.E.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: 21st Century C.A.R.E.

Address of Charity: 2234 Colonial Boulevard, Fort Myers, FL 33907

Phone Number: 239-936-3756

Non-profit certificate/registration number: CH22668

(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

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- ☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Will any of the following be needed or included*?

Street Closure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____
 Total budget: _____ Estimate amount spent in Lee County: _____
 Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights



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.

Lee County Event Permit Application



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.

Kathy Tolentino
Signature of Applicant

Lizeth Luna
Witness

Kathy Tolentino Foundation Director
Print Name of Applicant and Title

Lizeth Luna
Print Name of Witness

1-29-2020
Date

1-29-2020
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:

Race must remain within the confines of the park.

Print Name: Lt. S. Brady

Signature:

Lt. Steven J. Brady

Title:

Special Events, Permits and Details

Date:

2-13-20

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:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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Fire Guards (How Many?)	NA
Fee for Services:	NA
Flammable Vegetation:	NA
First Aid Equipment:	Call 911 if needed
Fire Extinguishing:	NA
Special Arrangements:	NA

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley
Date: 2020.02.12 15:20:57 -05'00'

Title: Division Chief - Fire & Life Safety

Date: February 12, 2020

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100

FORT MYERS, FL 33901

(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. As long as the route for the runners/walkers does not actually place them on Plantation Rd or Six Mile Cypress Pkwy, no medical coverage will be required. DBH

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

 Digitally signed by Douglas B. Higgins
 DN: cn=Douglas B. Higgins, ou=Lee County Emergency Medical Services, o=Lee County Public Safety
 and Emergency Services, email=doug.b.higgins@leegov.com, c=US
 Date: 2020.02.17 14:35:13 -05

Title: Division Chief

Date: February 17, 2020

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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Parking:

No parking in or blocking of lanes or sidewalks on the right-of-way of County roads is permitted.

Ingress and Egress:

Access site only at established driveways

Special Arrangements:

Use Sheriff as needed to control traffic.

Print Name:

Signature:

Title:

Date:

Stephen M.

Jansen, P.E., FI

Lic No. 043618

Digitally signed by Stephen M.
Jansen, P.E., FI Lic No. 043618
DN: cn=Stephen M. Jansen, P.E.,
FI Lic No. 043618, o=Dept. of
Transportation, ou=Lee County,
email=jansensj@leegov.com,
c=US
Date: 2020.02.12 16:01:59 -05'00'

Scope for Hope Annual 5K Walk/Run

Lee County Event Permit Application



March 7, 2020

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

Century Link
Sports Complex
at Hammond
Stadium

Check the appropriate box(es) below:

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Illumination:

N/A

Parking Areas:

Event organizer must ensure that parking is restricted to designated areas and provide open accessible driveways and roadways for emergency vehicle access.

Special Arrangements:

Must coordinate event with the on-site Parks and Recreation staff and Miracle staff to ensure that there is no disruption of any Twins or Miracle programs, games or tournaments.

Print Name: Kimberly Garrett

Signature: Kimberly Garrett

Digitally signed by Kimberly Garrett
Date: 2020.02.12 13:46:44 -05'00'

Title: Administrative Manager

Date: February 12, 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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☐ FILM PERMIT

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 12, 2020

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	<table border="1"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 888 743-2217</td> <td>FAX (A/C, No): 8888279861</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Scottsdale Insurance Company</td> <td>NAIC # 41297</td> </tr> <tr> <td>INSURER B: United States Liability Insurance Co.</td> <td>25895</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext): 888 743-2217	FAX (A/C, No): 8888279861	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Scottsdale Insurance Company	NAIC # 41297	INSURER B: United States Liability Insurance Co.	25895	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																					
INSURED Community Cancer Education Inc DBA 21st Century CARE 2234 Colonial Blvd Fort Myers, FL 33907																					

COVERAGES

CERTIFICATE NUMBER:

REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:500 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	CPS3146781	03/27/2019	03/27/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Directors & Sexual Aduse		NDO1068156C CPS3146781	12/08/2017 03/27/2019	12/08/2020 03/27/2020	See description of oper \$25,000 occurrence \$50,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

** General Liability Information **

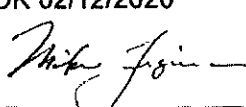

Job#: 1 Event: Fundraising Car Show Date: 03/TBD/2020

Miscellaneous Coverage - Directors and Officers - Pol.# NDO1068156C

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of Commissions P.O. Box 398 Fort Myers, FL 33902 OK 02/12/2020 	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 
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DESCRIPTIONS (Continued from Page 1)

Director & Officers Liability Limit #1: 1,000,000

Coverage Eff Date: 12/08/2008

Retro Date: Full Prior Acts

Event: March 2020 Scope of for 5K Run & 2 mile walk

Lee County Board of County Commissioners, Fort Myers Track Club (race administration) Minnesota Twins (spring training venue) and Fort Myers Miracle are additional insured with respects to the General Liability per written contract.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2020

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		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors &		NDO1068156C	12/08/2017	12/08/2020	See description of oper
A	Sexual Aduse		CPS3146781	03/27/2019	03/27/2020	\$25,000 occurrence \$50,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

** General Liability Information **

Job#: 1 Event: Fundraising Car Show Date: 03/TBD/2020

Miscellaneous Coverage - Directors and Officers - Pol.# NDO1068156C

(See Attached Descriptions)

CERTIFICATE HOLDER Lee County Board of Commissions P.O. Box 398 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 <i>Lisa Murray</i>
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DESCRIPTIONS (Continued from Page 1)

Director & Officers Liability Limit #1: 1,000,000

Coverage Eff Date: 12/08/2008

Retro Date: Full Prior Acts

Event: March 2020 Scope of for 5K Run & 2 mile walk

Lee County Board of County Commissioners, Fort Myers Track Club (race administration) Minnesota Twins (spring training venue) and Fort Myers Miracle are additional insured with respects to the General Liability per written contract.

Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU
2201 SECOND STREET, SUITE 600
FORT MYERS, FLORIDA 33901
(239) 338-3500

Check the appropriate box(es) below:

☐ FILM PERMIT ONLY

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

Special Arrangements:

Applicant advised to work with other county departments that require event sign-off and approval.

Other:

NO filming indicated in event permit.
Only still photography noted.
Does not warrant VCB approval.

Print Name:

Joshua Lambert

Signature:

Joshua Lambert

Title:

Marketing Coordinator

Date:

2/12/2020

Lambert, Joshua

From: Tolentino, Kathy <Kathy.Tolentino@21co.com>
Sent: Wednesday, February 12, 2020 4:07 PM
To: Lambert, Joshua; Dotson, Miriam
Subject: [EXTERNAL] RE: Sign off of permit

Dear Joshua, Thank you so much Yes I have been in contact with the Lee County Zoning they told me to come to you all first and then submit to them. No Filming we will take pictures but only still shots.

Than you again.

Kathy Tolentino
Director, 21st Century C.A.R.E. Foundation
21st Century Oncology
2234 Colonial Blvd
Fort Myers FL 33907
(239) 931-7326 Main
(239) 229-2280 Mobile
Kathy.Tolentino@21co.com
www.21co.com



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Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

If you have received this email in error, please notify the sender immediately and delete this material from all known records.

Thank you.

From: Lambert, Joshua [mailto:JLambert@leegov.com]
Sent: Wednesday, February 12, 2020 2:04 PM
To: Tolentino, Kathy <Kathy.Tolentino@21co.com>; Dotson, Miriam <MDotson@leegov.com>
Subject: RE: Sign off of permit

*** Attention: This email originated from outside of the 21C email server. Please use caution responding, opening attachments, or clicking on links. ***

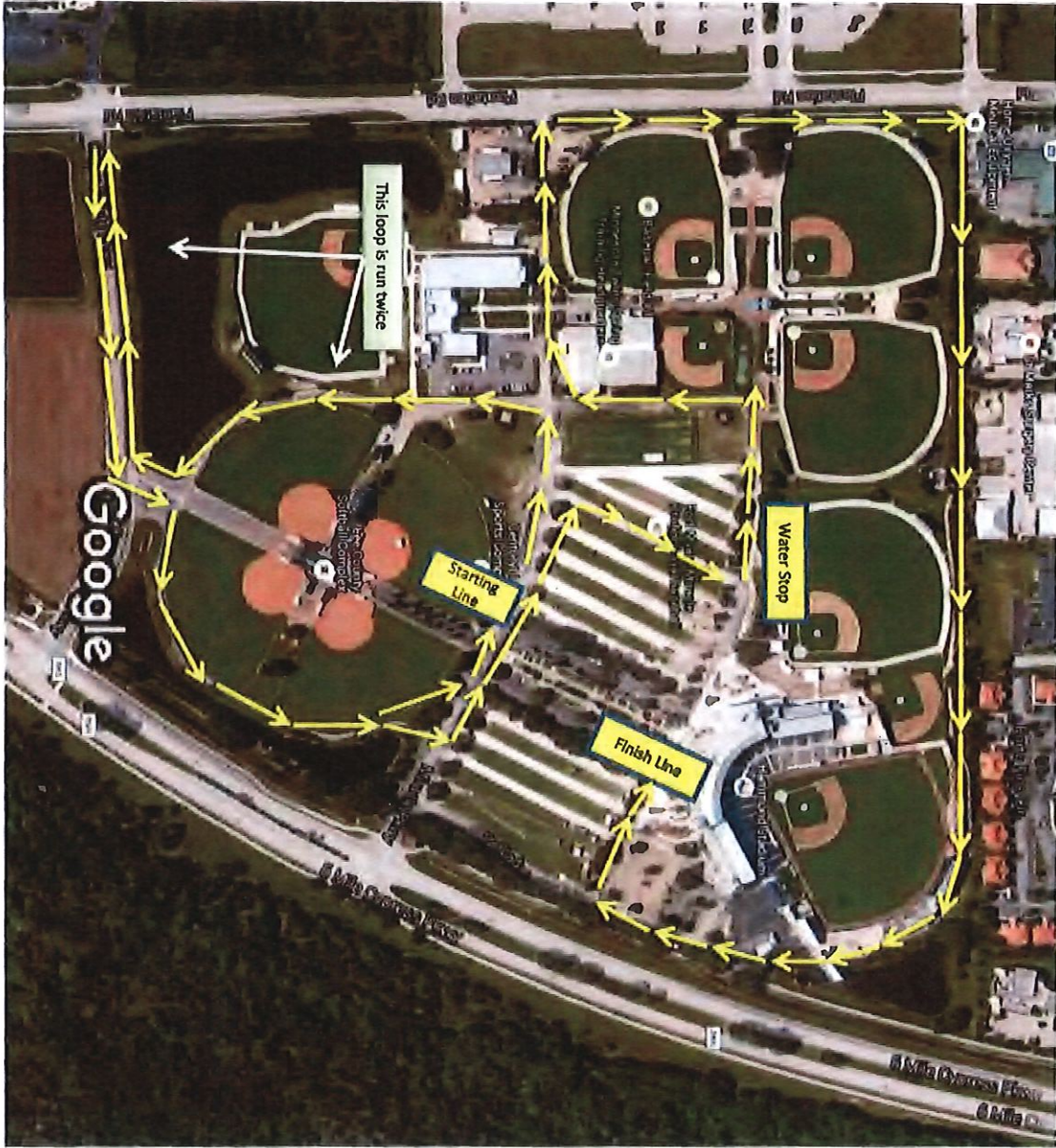
Hi Kathy,

Not a problem! We are glad to review and sign-off on our respected page. Two quick questions for you:

- Have you been in contact with the Lee County Zoning department for review? They are the ones who handle event permit applications and review. The email we have on file for requests is OccsZoning@leegov.com
- Do you plan to film during your event?

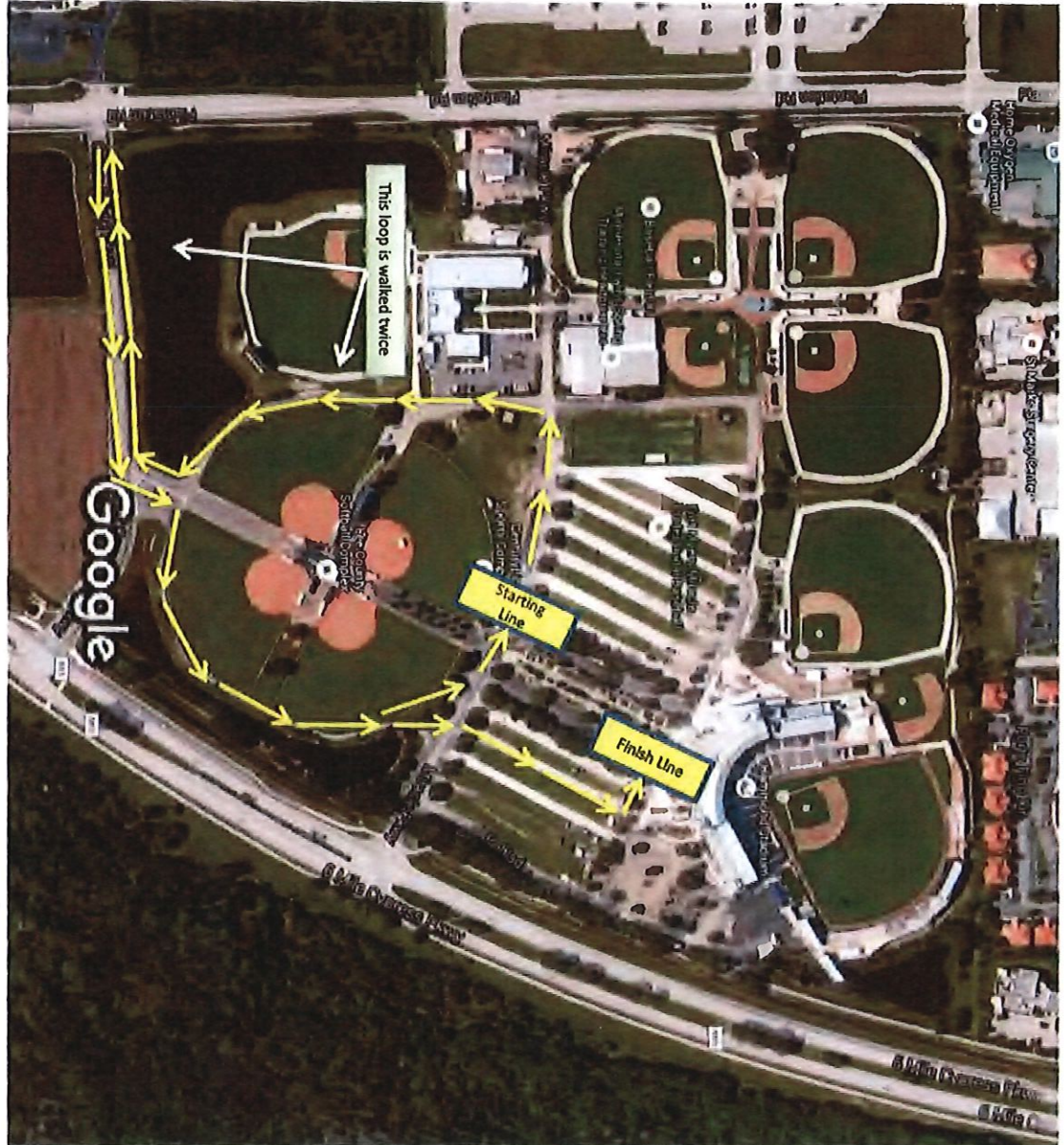
5K Run and 2-Mile Walk

5K Run Course Map



5K Run and 2-Mile Walk

2-Mile Walk Course Map



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5K Run and 2-Mile Walk

5K Run Course Map



Imagery ©2016 Google, Map data ©2016 Google

5K Run and 2-Mile Walk

2-Mile Walk Course Map



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