

EVENT PERMIT



Ordinance 17-08

GOSPEL IN THE PARK

PERMIT NUMBER: TMP2020-00055

Date(s) of Event: APRIL 12, 2020 FROM 7:00AM UNTIL 1:00PM

Property Owner:

LEE COUNTY

Applicant:

DAMIEN AVILES

239-949-0914

Description:

EASTER CHURCH SERVICE FOR CALVARY CHAPEL GULF COAST ON APRIL

12, 2020 FROM 7:00AM UNTIL 1:00PM

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

County Manager

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

GOSPEL IN THE PARK

TMP2020 = 00055



Event Application

Check the d	appropri	ate box('es) i	below:
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- J 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	Gospel in the Park					
Date(s) of Event / Production:	4/12/2020					
Location(s) of Event:	Estero Community Park					
Name of Applicant:	Calvary Chapel Gulf Coast					
Applicant Address:	20991 Three Oaks Parkway Estero, FL 33928					
Applicant Phone Number:	239-949-0914					
Contact Person: (If different from applicant)	Damien Aviles					
Contact Phone Number: (If different from applicant)	239-888-9094					
Email Address:	grem28@gmall.com					
Estimated Attendance:	300					
Event Description: Include each activity, when activities take place, etc.	Easter Church Service					
Hours of Operation:	7am - 1pm					
STRAP # of Parcel:	34-46-25-E4-0100C.017A					
Owner of Premises*:	Lee County					

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



Fill out the following questions for all permit types:

What is the Zoning Classification o	f the premises? Park	
Are any temporary structures to be	e installed for the event? Yes No	Туре:
Do you have the appropriate perm	its for the temporary structures?	ŢYes Ţ No
* For a 'Special Event' and 'Use of indentified, including all parking ar	County Property' permit, submit a site plan wit eas.	th all proposed facilities and activities
Insurance Company Insuring the E	vent: Florida Insure	
Note: Certificate of Insurance must be sub	mitted at time of application	
Surety Company Bonding this Ever	t (Name and Address): None	
Will Vehicles be Used as Part of T Event?	his Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌ Yes	☐ Yes	⊢ Yes
if yes, automobile coverage must be included on the certificate of insurance	If yes, products liability coverage must be Included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	None	
Type of Food being Served: None		
Section II - USE OF COUNT	Y PROPERTY PERMIT	
Organization Sponsoring the Even	t: Calvary Chapel Gulf Coast	
Fill out this portion for application	s for Solicitation in the County Rights-of-Way	
Name of Charity: Calvary Chapel G	uif Coast	
Address of Charity: 20991 Three Oa	ks Parkway	
Phone Number: 239-949-0914		
Non-profit certificate/registration	number: 85-8012506954C-5	
(Proof of registration with the Dept. of Agricult	ture & Consumer Services \$496.405 or proof the organization is	exempt from this requirement. \$316.2045)
Section III - SALE/CONSUN	1PTION OF ALCHOLIC BEVERAGES PE	RMIT
Is alcohol being sold/consumed on if Yes, then a "Lee County Alcohol Permit" is req	County Property? uired. Only non-profit organizations can sell alcohol on County	厂 Yes
Non-profit certificate/registration (Required if alcohol is to be <u>SOLD</u> at the event)	number:	

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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

pe of Production (choose all that	ıt apply);						•	
TV Movie or Special	TV Se	ries / Pilot	Γ	TV Commer	cial	Γ	Still Photos	
Public Service Announcement	Indust	rial / Documentary	X	Other: None	e			
ill any of the following be need	ed or Include	ed*?						
Street Closure				「 Yes	\overline{X}	No		
Traffic / Crowd Con	trol			厂 Yes	X	No		
Fire or Burning				┌ Yes	X	No		
Explosives or Pyroto	echnics			├ Yes	X	No		
Animals, Large or S	mall			Yes	X	No		
Construction of Any	/ Kind			Yes	X	No		
Large and/or Nume	rous Vehicle	25		Yes	X	No		
Helicopters, Boats,	etc.			Yes	X	No		
Stunts				┌─ Yes	X	No		
Other				┌ Yes	X	No		
Special Parking Requirements:					······			
		-						
None	•							
City or County Services Require	d: (Personn	el, equipment, facili	ities, e	tc.)				

The following information is rec	julred for lo	cal and state record	s on pr	oduction in F	lorida	to ti	ack the econor	nic impac
the industry. If exact figures are	e not availat	ole, please estimate	as clos	ely as possib	e.			
Number in Cast:		Number in Crew:		Num	ber of	local	s hired:	
Total budget:		Estimate amount sp	ent in I	ee County:				
Hotel room nights:		- Number of shooting	g days:	•				
number of rooms	x number of nigh		•					

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.

Signature of Applicant

Witness

Print Name of Applicant and Title

1/31/2020

1/31/2020

Date



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

	(239) 477-1199	
Check the appropriate box(es) below:		

F SPECIAL EVENT PERMIT

FILM PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	Vendor has request to hire one deputy for presence.
Fee for Services:	Contact LCSO Details Unit 239-477-1199
Special Arrangements:	Vendor has chosen to hire one detail deputy for security and presence around the event area while services take place. At the end of the service, the deputy may be required to assist with traffic control at the main entrance in an effort to keep traffic from backing up.
	Print Name: Lt. S. Brady
	Signature: It- Steven Brady
	Title: Special Events, Permits and Details Date: 2-4-20



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 appropri	iate box(es) below:
X SPECIAL EV USE OF CO	DUNTY PROPERTY PERMIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
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: Lt. Fire Prevention Date: 2/4/2020



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 PERN	ИIT	
		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 Excelorable legin color for party because in the unitarity for part
	Title:	Division Chief
	Date:	February 20, 2020



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

Check the appropri	iate box(es) bei	low:		
☐ SPECIAL EV	VENT PERMIT			
USE OF CC	OUNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	ЛІТ			
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENT 'ENT.	S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking o	Lee County maintained road r	ights-of-way.
Ingress and Egress:	Use all established	means of ingress and egre	ess.	
·				
Special Arrangements:	None.			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2020.02.03 07:42:00 -05'00'	
	Title:	Senior Project Manager		_
	Date:	February 3, 2020		••



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

F	VENT PERMIT DUNTY PROPERTY DISELL AND CONS						
	•	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.					
Illumination:	The event organize	er is to provide own lighting if needed.					
Parking Areas:	All guest vehicles must use designated parking area in the parking lots. No vehicles on the central lawn area, unless prior approval has been given by the site supervisor. 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 or Stephanie@selectre.net. Also, contact Keith at Collier Association Management 239-793-1643. Must						
Special Arrangements:	non-approved ten dumpster if food v Park Gates open at Outdoor restroom	any inflatable devices, will be granted upon approval of site supervisor. Any t or inflatable staking must use water barrels or sand bags. Organizers must order a endors are on site and portable toilets if needed at organizers expense. 6:00am s open at 6:00am and close at 9:00pm restrooms open Sat and Sun at 9:00am-5:00pm					
	Print Name:	Kimberly Garrett					
	Signature:	Kimberly Garrett Digitally signed by Kimberly Garrett Date: 2020.02.14 14:59:17 - 05'00'					
	Title:	Administrative Manager					
	Date:	February 14, 2020					



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

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SPECIAL EVE SUSE OF COU	INTY PROPERTY	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	peral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name: Signature: Title:	Mike Figueroa Mike Figueroa Risk Program Manager
	Date:	February 3, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/31/2020

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).

PROD	UCE	ER				CONTAC NAME:	Lydia Prii)1	, ,		
Florida Insure LLC				PHONE (A/C, No, Ext): 3216891154 (A/C, No):							
258	В Сс	onnection Point				E-MAIL ADDRESS: csr@flains.com					
Suite 1102					INSURER(S) AFFORDING COVERAGE					NAIC#	
Oviedo FL 32765				FL 32765	INSURE	RA: PHILAD				18058	
INSURED					INSURE	*					
		Calvary Chapel Gulf Coast				INSURE	RC:				
20991 Three Oaks Pkwy.					INSURE						
		·				INSURE					
		Estero			FL 33928	INSURE					···········
COV	ER	AGES CERT	TIFIC	ATE	NUMBER: 001				REVISION NUMBER:		····
		S TO CERTIFY THAT THE POLICIES OF									
CE	RTI	ATED. NOTWITHSTANDING ANY REQUIFICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH P	TAIN,	THE	NSURANCE AFFORDED BY	THE PO	LICIES DESCR	RIBED HEREIN			3
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
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	, -	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000
									MED EXP (Any one person)		5,000
A		· · · · · · · · · · · · · · · · · · ·	Y		PHPK 1968493		06/01/2019	06/01/2020	PERSONAL & ADV INJURY S		1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000
		POLICY PRO-							PRODUCTS - COMP/OP AGG		2,000,000
		OTHER:							\$,,
	AU1	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	3	1,000,000
		ANY AUTO							BODILY INJURY (Per person) \$	\$	-,,
A		OWNED SCHEDULED AUTOS	Y		PHPK 1968493		06/01/2019	06/01/2020	BODILY INJURY (Per accident) \$	\$	
	×	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	5	
	, -	AUTOS GNET							(i ci accident)	\$	
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		DED RETENTION\$									
		RKERS COMPENSATION							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		
	(Mar	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$,	
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		·
:											
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI) 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	ifred)		
Ad	litio	mal Insured follows as Lee County Boar	d of C	County	y Commissioner						
			ОК	02/0	03/2020						
		,	Th.	je.	Tym_						
OFF	TIF	ICATE HOLDER		\leftarrow	/ -	CANC	ELLATION				
CER	111	ICATE HOLDER		$\overline{}$		CANU	ELLATION				
						SHO	ULD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE CAI	NCELLE	D BEFORE
		Lee County Board of County C	ommi	ssione	er				PF, NOTICE WILL BE DELIVE Y PROVISIONS.	RED IN	
		P.O. Box 398					RIZED REPRESE	NTATIVE			
		Ft. Myers FL 33902				Kahrina Richey					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/31/2020

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.

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PROI	DUCER				NAME:	Lydia Prii		1770			
Florida Insure LLC						PHONE (A/C, No, Ext): 3216891154 E-MAIL ADDRESS: CST@flains.com					
2588 Connection Point						E-MAIL ADDRESS: csr@flains.com					
Suite 1102						INSURER(S) AFFORDING COVERAGE				NAIC#	
Oviedo			FL 32765			INSURER A: PHILADELPHIA IND INS CO				18058	
INSU	RED	•		· · · · · · · · · · · · · · · · · · ·	INSURER B:						
	Calvary Chapel Gulf Coast				INSURER C:						
	20991 Three Oaks Pkwy.				INSURER D:						
					INSURER E :						
	Estero	FL 33928			INSURER F:						
COV					<u> </u>						
					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		ADDL INSD	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY	iitob	****					EACH OCCURRENCE S	·	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000	
	Too will be A occor							MED EXP (Any one person) \$		5,000	
Α		Y		PHPK 1968493		06/01/2019	06/01/2020			1,000,000	
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	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC							GENERAL AGGREGATE \$		2,000,000	
								PRODUCTS - COMP/OP AGG \$		2,000,000	
:	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT S		1 000 000	
	ANY AUTO							(Ea accident)		1,000,000	
	OWNED SCHEDULED							BODILY INJURY (Per person) \$			
A	AUTOS ONLY AUTOS	Y	PHPK1968493			06/01/2019	06/01/2020	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE 6			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
							***************************************	\$			
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	•	1,000,000	
Α	EXCESS LIAB CLAIMS-MADE	Y		PHUB672094		06/01/2019	06/01/2020	AGGREGATE \$;	1,000,000	
	DED RETENTION\$							ş	1		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					-		PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						1		E.L. EACH ACCIDENT \$;		
						1		E.L. DISEASE - EA EMPLOYEE \$;		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACORE	0 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)			
Δd	ditional Insured follows as Lee County Boar	d of C	301111ft	1 Commissioner							
Au	unional insured follows as Lee County Board	u 01 C	Journey	Commissioner							
^	APPATE ALTE UOI BED					CANCELLATION					
UEF	RTIFICATE HOLDER				CANC	ELLATION				1	
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Lee County Board of County Commissioner						ACCORDANCE WITH THE POLICY PROVISIONS.					
D.O. D 100											
P.O. Box 398						AUTHORIZED REPRESENTATIVE					
F. M FI 22000						Kalrina Richey					
Ft. Myers FL 33902						····		CORD CORDORATION			



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

Check the appropriate	box(es) below:
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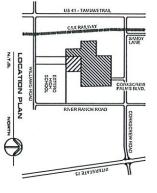
FILM PERMIT ONLY

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

Special Arrangements:	
Other:	No filming indicated in the pernut. application.
	application.
	•
	Print Name: Joshi XI (Imbert)
	Signature:
	Title: Marketing Courdinator
	Date: Feb. 3, 2020

CONSCI





DAVID M. JONES JR. AND ASSOCIATES, INC. LANDSCAPE ARCHITECTS AND PLANNERS



