



# EVENT PERMIT

Ordinance 17-08



## BIKE FEST 2020

**PERMIT NUMBER:** TMP2020-00073

**Date(s) of Event:** MARCH 20-22, 2020 FROM 12:00PM UNTIL 9:00PM

Property Owner: TMC FM INC

Applicant: SARAH MUTKA  
239-849-3888

Description: BIKE FEST WITH LIVE MUSIC, VENDORS, FOOD TRUCKS, BEER/WINE, STUNT SHOW ON MARCH 20-22, 2020 FROM 12:00PM UNTIL 9:00PM

Location of event: 9501 THUNDER RD, FORT MYERS, FL 33913  
**ROCKSTAR HARLEY-DAVIDSON 9501 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, Florida

 3-9-2020  
County Manager Date



# EVENT PERMIT

Ordinance 17-08



## BIKE FEST 2020

**PERMIT NUMBER:** TMP2020-00073

**Date(s) of Event:** MARCH 20-22, 2020 FROM 5:00PM UNTIL 9:00PM

Property Owner: TMC FM INC

Applicant: SARAH MUTKA  
239-849-3888

Description: BIKE FEST WITH LIVE MUSIC, VENDORS, FOOD TRUCKS, BEER/WINE, STUNT SHOW ON MARCH 20-22, 2020 FROM 5:00PM UNTIL 9:00PM

Location of event: 9501 THUNDER RD, FORT MYERS, FL 33913  
**ROCKSTAR HARLEY-DAVIDSON 9501 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.
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Board of County Commissioners  
Lee County, Florida

 3-6-2020  
County Manager Date

Bike Fest 2020

3/20/20 - 3/22/20



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

BIKE FEST 2020

TMP 2020-00073

Lee County Event Permit Application



**Event Application**

*Check the appropriate box(es) below:*

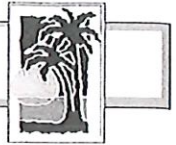
- ☒ SPECIAL EVENT PERMIT  
☐ USE OF COUNTY PROPERTY PERMIT  
☒ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	Bike Fest 2020
Date(s) of Event / Production:	3/20/2020 - 3/22/2020
Location(s) of Event:	Rockstar Harley-Davidson
Name of Applicant:	Sarah Mutka
Applicant Address:	9501 Thunder Rd, Fort Myers, FL 33913
Applicant Phone Number:	239-849-3888
Contact Person: (If different from applicant)	Same
Contact Phone Number: (If different from applicant)	Same
Email Address:	sarahm@rockstarharley.com
Estimated Attendance:	1000 per day
Event Description: Include each activity, when activities take place, etc.	live music, vendors, food trucks, beer/wine, stunt show
Hours of Operation:	5pm-9pm
STRAP # of Parcel:	22-45-25-L3-24000.0010
Owner of Premises*:	TMCFM, Inc

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



## Lee County Event Permit Application



What is the Zoning Classification of the premises? \_\_\_\_\_

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: Attached COI

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:

Food Trucks

Type of Food being Served: \_\_\_\_\_

### 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: LAMA Ft. Myers

Address of Charity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Non-profit certificate/registration number: 85-8017182223C-7

(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: 85-8017182223C-7

(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



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

\* For any marked Yes, provide further details below:

Cole Freeman & The Ill Conduct Stunt Show

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

## Lee County Event Permit Application



### 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.

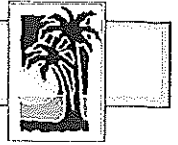
For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and 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.

  
Signature of Applicant

\_\_\_\_\_  
Witness

**Sarah Mutka, Controller**  
\_\_\_\_\_  
Print Name of Applicant and Title

\_\_\_\_\_  
Print Name of Witness

**2/7/2020**  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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?):

2 deputies for security and presence throughout the event per day.

Fee for Services:

\$48/hr - 4 hour minimum per deputy

Special Arrangements:

Any amplified sounds must adhere to Lee County noise ordinances.  
Alcoholic beverages must remain within the confines of the event.

Print Name: Lt. S. Brady

Signature: Lt. Steven J. Brady

Title: Special Events, Permits and Details

Date: 2-28-20

## 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  
☐ 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.

Fire Guards (How Many?)	NA
Fee for Services:	NA
Flammable Vegetation:	NA
First Aid Equipment:	Call 911 if needed
Fire Extinguishing:	Food trucks must be NFPA 96 compliant and have appropriate fire extinguishers with current inspection tags.
Special Arrangements:	FD access into and around the actual building must be maintained at all times. Any obstruction restricting FD access that may be discovered may result in future rejections of permits for this type of event.

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley  
Date: 2020.02.12 13:25:26 -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.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
 DN: cn=Douglas B. Higgins, o=Lee County Emergency Medical Services, email=dhiggins@lecofla.gov, c=US  
 Date: 2020.02.27 11:42:01 -0500

Title: Division Chief

Date: February 27, 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  
☐ 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:

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

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2020.02.18 13:10:06 -05'00'

Title: Senior Project Manager

Date: February 18, 2020

*Bike Fest - March 20-22, 2020 - Rockstar Harley Davidson*

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:

- ☒ 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.

Illumination:	N/A
Parking Areas:	N/A
Special Arrangements:	Event is not on or near Lee County Park property and will not interfere with park operations or programs.

Print Name: Kimberly Garrett

Signature: Kimberly Garrett

Digitally signed by Kimberly Garrett  
Date: 2020.02.11 15:00:00 -05'00'

Title: Administrative Manager

Date: February 11, 2020



Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> 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



TMCBB-1

QP ID: DP

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

PRODUCER  
DGP-Miles Insurance Agency, Inc.  
3 School Street P.O. Box 1018  
Taunton, MA 02780-0957  
David G. Pietro

508-824-8961

CONTACT NAME: David G. Pietro

PHONE (A/C, No, Ext): 508-824-8961

FAX (A/C, No): 508-880-2734

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Harco National Insurance Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
TMCBB, Inc. & TCMFM  
dba Rockstar Harley Davidson,  
9501 Thunder Rd  
Fort Myers, FL 33913

## 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 INSD 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  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	CPP 21751001	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	CPP217501001	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS	X	BU217501001	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 12,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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 \$

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

OK 02/12/2020

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of  
County Commissioners  
PO Box 398  
Fort Myers, FL 33902

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  
David G. Pietro

TMCFM, Inc dba Rockstar Harley-Davidson

9501 Thunder Rd, Fort Myers, FL 33913

239-275-4647

February 7, 2020

Re: Lee County Special Event Permit Application

I am the property owner of TMCFM, Inc dba Rockstar Harley-Davidson located at 9501 Thunder Rd, Fort Myers, FL 33913. Rockstar Harley-Davidson will be hosting Fort Myers Bike Night on Saturday, March 14, 2020 and Bike Fest 2020 on March 20, 21 & 22, 2020 at Rockstar Harley-Davidson and will utilize all parking lots, Riding Academy Range and sanitary facilities located inside the dealership for these events.

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 these events.

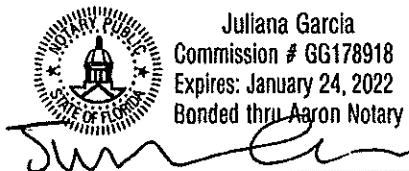
Sincerely,



Paul Veracka

Property Owner

Sworn and subscribed before this day, February 11th, 2020, by Paul Veracka, who is personally known to me.



Notary Public

State of Florida

**FISCHER FLORIDA PROPERTIES, LLC**  
9510 Thunder Road, Fort Myers, FL 33913  
844-749-2363

February 10, 2020

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 Fest March 20-22, 2020 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,

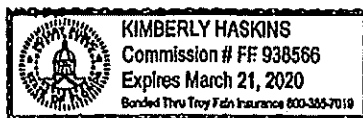


Jeffery Scott Fischer  
Property Owner

Sworn and subscribed before me this day, Feb 10, 2020 by Jeffery Scott Fischer, who is personally known to me.



Kimberly Haskins  
Notary Public  
State of Florida





TMCBB-1

OP ID: DP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2020

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PRODUCER DGP-Miles Insurance Agency, Inc. 3 School Street P.O. Box 1018 Taunton, MA 02780-0957 David G. Pietro	508-824-8961	CONTACT NAME: David G. Pietro PHONE (A/C, No, Ext): 508-824-8961 FAX (A/C, No): 508-880-2734 E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Harco National Insurance Co.		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED TMCBB, Inc. & TCMCFM dba Rockstar Harley Davidson, 9501 Thunder Rd Fort Myers, FL 33913
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## 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 INSD 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP 21751001	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (If a occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CPP217501001	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		BU217501001	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 12,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> 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 \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of  
County Commissioners  
PO Box 398  
Fort Myers, FL 33902

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  
David G. Pietro





TMCBB-1

OP ID: DP

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

PRODUCER DGP-Miles Insurance Agency, Inc. 3 School Street P.O. Box 1018 Taunton, MA 02780-0957 David G. Pietro	508-824-8961	CONTACT NAME: David G. Pietro PHONE (A/C, No, Ext): 508-824-8961 FAX (A/C, No): 508-880-2734 E-MAIL ADDRESS:
INSURED TMCBB, Inc. & TMCFM dba Rockstar Harley Davidson, 9501 Thunder Rd Fort Myers, FL 33913		INSURER(S) AFFORDING COVERAGE INSURER A: Harco National Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD Y/N	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP 21751001	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CPP217501001	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS		BU217501001	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 12,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <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 \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Sheriff's Dept  
14750 Six Mile Cypress Parkway  
Fort Myers, FL 33902

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  
David G. Pietro

Danley's

CAR PARKING

Conover, KY

How to  
Tune Up

VENDORS

VENDORS

Scott Fischer Enterprises

Danley's in  
Rockstar  
Harley-Davidson  
Company selling

MOTORCYCLE PARKING

Danley's International