

# **EVENT PERMIT**



Ordinance 17-08

# FORT MYERS BIKE NIGHT

PERMIT NUMBER: TMP2020-00076

Date(s) of Event: MARCH 14, 2020 FROM 5:00PM AND 9:00PM

**Property Owner:** 

TMCFM INC

Applicant:

SARAH MUTKA

239-849-3888

Description:

BIKE NIGHT WITH LIVE MUSIC, VENDORS, FOOD TRUCKS, BEER/WINE

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

ROCKSTAR HARLEY-DAVIDSON

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

County Manager Date

ftmpprmt specialevent.rpt

Fort Myers Bike Night

3/14/20



# **Event Application**

Special Event

Use of County **Property** 

Alcohol within Lee County **Facilities** 

Film, Video & Photography



# **Event Application**

# Check the appropriate box(es) below:

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

| Section I - GENERAL INI  | FORMATION (All Permit Types)                |
|--|---|
| Title of Event / Name of Production  | Fort Myers Bike Night                       |
| Date(s) of Event /<br>Production:  | 3/14/2020                                   |
| 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:<br>(If different from applicant)                                 | Same  |
| Contact Phone Number:<br>(If different from applicant)                           | Same  |
| Email Address:   | sarahm@rockstarharley.com                   |
| Estimated Attendance:  | 1000  |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | live music, vendors, food trucks, beer/wine |
| Hours of Operation:  | 5pm-9pm                                     |
| STRAP # of Parcel:   | 22-45-25-L3-24000.0010                      |
| Owner of Premises*:  | TMCFM, Inc                                  |

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



| What is the Zoning Classification o   | f the premises?  |  |
|---|--|--|
| Are any temporary structures to be  | e installed for the event? Yes X No                            | Type:  |
| Do you have the appropriate perm  | its for the temporary structures?                              | ┌ Yes ┌ No   |
| * For a 'Special Event' and 'Use of Cidentified, including all parking are                        | County Property' permit, submit a site plan w<br>as.           | with all proposed facilities and activities  |
| Insurance Company Insuring the Ev   | vent: Attached COI   |  |
| Note: Certificate of Insurance must be sub-   | mitted at time of application                                  |  |
| Surety Company Bonding this Even  | nt (Name and Address):   |  |
| Will Vehicles be Used as Part of T<br>Event?  | his Will Food be Available at this Event?                      | Will Alcoholic Beverages be served/consumed at this Event?   |
| ┌─ Yes ┌─ No  | ▼ Yes  | ∏; Yes ☐ No  |
| If yes, automobile 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<br>Providing Food:   | Food Trucks  |  |
| Type of Food being Served:  |  | The state of the s |
| Section II - USE OF COUNT   | Y PROPERTY PERMIT  |  |
| Organization Sponsoring the Event   | t:   |  |
| Fill out this portion for application   | s for Solicitation in the County Rights-of-Wa                  | ay:  |
| Name of Charity: LAMA Ft.   | . Myers  |  |
| Address of Charity:   |  |  |
| Phone Number:   |  |  |
| Non-profit certificate/registration   | number: 85-8017182223C-7                                       |  |
|   | re & Consumer Services §496.405 or proof the organization l    |  |
| Section III - SALE/CONSUM   | IPTION OF ALCHOLIC BEVERAGES I                                 | PERMIT   |
| Is alcohol being sold/consumed on   | County Property?   | Yes No   |
|   | uired. Only non-profit organizations can sell alcohol on Count | ly Property.   |
| Non-profit certificate/registration re<br>(Required if alcohol is to be <u>SOLD</u> at the event) | number: 85-8017182223C-7                                       |  |
| Please note: A permit from the State of Flor  | rida Division of Atcoholic Beverages and Tobacco may           | also be required; please call (239) 344-0885 for   |

further details



| Type of Production (choose all that apply):   |   |  |                                  |
|---|---|--|----------------------------------|
| TV Movie or Special TV S  | eries / Pilot   | TV Commercial  | Still Photos                     |
| Fublic Service Announcement Findus  | strial / Documentary  | Other:   |                                  |
| Will any of the following be needed or includ   | ed*?  |  |                                  |
| Street Closure  |   | ┌─ Yes ┌─  | No                               |
| Traffic / Crowd Control   |   | ☐ Yes ☐  | No                               |
| Fire or Burning   |   | ┌ Yes ┌  | No                               |
| <b>Explosives or Pyrotechnics</b>   |   | ☐ Yes ☐  |                                  |
| Animals, Large or Small   |   | ┌ Yes ┌  |                                  |
| Construction of Any Kind  |   | Yes  | No                               |
| Large and/or Numerous Vehicl  | es  | Yes 🗆  | No                               |
| Helicopters, Boats, etc.  |   | ┌ Yes ┌  | No                               |
| Stunts  |   | ┌ Yes ┌  | No                               |
| Other   |   | ☐ Yes ☐  | No                               |
| ·   |   | The second secon |                                  |
| Special Parking Requirements:   |   |  |                                  |
|   |   |  | •                                |
|   |   |  |                                  |
| City or County Services Required: (Personne   | el, equipment, facilities, etc                                | .)   |                                  |
|   |   | ,  |                                  |
| The following information is required for loc<br>the industry. If exact figures are not available | cal and state records on pro<br>le, please estimate as closel | duction in Florida<br>y as possible.   | i to track the economic impact o |
| Number in Cast:   | Number in Crew:   | Number of  | locals hired:                    |
| Total budget:   | Estimate amount spent in Le                                   | e County:  |                                  |
| Hotel room nights:  | Number of shooting days:                                      | <del></del>  |                                  |
| number of rooms x number of night   | ts  |  |                                  |



### **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.



### **SECTION V - AGREEMENT**

Date

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

Date



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

| Check the appropri                           | iate box(es) below:  |
|--|--|
| Fx SPECIAL E\                                |  |
| ┌ USE OF CO                                  | UNTY PROPERTY PERMIT   |
|  | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| ☐ FILM PERM                                  | AIT  |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPI | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO LICANT TO COMPLY WITH FOR THEIR EVENT.                       |
| Parking:                                     | Parking in authorized areas only.  |
| Deputies (How Many?):                        | 3 deputies for security and presence througout the event.  |
| 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 Brody  |
|  | Title: Special Events, Permits and Details   |
|  | Date: 2-28-26  |



# **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 appropr                            | iate box(es) be                                | elow:  |  |  |
|  | VENT PERMIT                                    |  |  |  |
| J USE OF CO                                  | OUNTY PROPERT                                  | Y PERMIT   |  |  |
| FILM PERI                                    | MIT  |  |  |  |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPI | APPLICATION, F                                 | PLEASE INDICATE B<br>LY WITH FOR THEIR             | ELOW WHAT ARRANGEMEN<br>EVENT.   | ITS YOUR ORGANIZATION                              |
| Fire Guards (How<br>Many?)                   | NA   |  |  |  |
| Fee for Services:                            | NA   |  |  | · .  |
| Flammable Vegetation:                        | NA   |  |  |  |
| First Aid Equipment:                         | Call 911 if needed                             |  |  |  |
| Fire Extinguishing:                          | Food trucks must b<br>tags.                    | e NFPA 96 compliant a                              | nd have appropriate fire extinguis                                       | hers with current inspection                       |
| Special Arrangements:                        | FD access into and restricting FD acces event. | around the actual build<br>is that may be discover | ling must be maintained at all tim<br>ed may result in future rejections | es. Any obstruction<br>of permits for this type of |
|  | Print Name:                                    | Nate Burley  |  |  |
|  | Signature:                                     | Nate Burley  | Digitally signed by Nate Burley<br>Date: 2020.02.12 13:25:26 -05'00'     | <del></del>  |
|  | Title:   | Division Chief - Fire &                            | Life Safety  |  |
|  | Date:  | February 12, 2020                                  |  | <del></del>  |
| •  |  |  |  |  |



# **EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY** 2000 Main St. Suite #100

|                                  |                                      | FORT MYERS, FL 33901<br>(239) 533-3911  |
|----------------------------------|--------------------------------------|---|
| Check the appropri               | ate box(es) belo                     | ow:   |
|                                  | /ENT PERMIT                          | ·   |
| USE OF CO                        | UNTY PROPERTY F                      | PERMIT  |
| ┌─ FILM PERN                     | ИТ                                   |   |
|                                  |                                      | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.   |
| Treatment Facilities:            | None necessary.                      |   |
| Medical Personnel:               | None necessary.                      |   |
| Medical Supplies /<br>Equipment: | None necessary.                      |   |
| Safety Requirements:             | No additional preca                  | 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 September of the Control of the |
|                                  | Title:                               | Division Chief  |

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February 27, 2020

Date:



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

▼ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

| Check the | appro | priate | box(es | ) below: |
|-----------|-------|--------|--------|----------|
|-----------|-------|--------|--------|----------|

SPECIAL EVENT PERMIT

☐ USE OF COUNTY PROPERTY PERMIT

| F FILM PERN                                 | MIT                       | •                              |                                     |                     |
|---|---------------------------|--------------------------------|-------------------------------------|---------------------|
| AFTER REVIEWING THE<br>WILL REQUIRE THE APP |                           |                                | OW WHAT ARRANGEMENTS<br>VENT.       | S YOUR ORGANIZATION |
| Parking:                                    | No event parking o        | on Lee County maintained       | road rights-of-way.                 |                     |
| Ingress and Egress:                         | Use all established       | means of ingress and egr       | ess.                                |                     |
| Special Arrangements:                       | Use Lee County Sh         | neriff's Office for assistance | with traffic control as needed.     |                     |
|   |                           |                                |                                     |                     |
|   | Print Name                | D                              |                                     |                     |
|   | Print Name:<br>Signature: | Bryan Miller Bryan D. Miller   | Digitally signed by Bryan D. Miller |                     |
|   | Title:                    | Senior Project Manager         | Date: 2020.02.18 13:08:28 -05'00'   |                     |
|   | Date:                     | February 18, 2020              |                                     |                     |

Rockstar Harlex Davidson

Lee County Event Permit Application

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

| Check the appropriate box(es) belo |
|------------------------------------|
|------------------------------------|

|   | VENT PERMIT        |  |  |                             |
|---|--------------------|--|--|-----------------------------|
| ┌─ USE OF CO                                | OUNTY PROPERTY     | / PERMIT                                       |  |                             |
| PERMIT TO                                   | SELL AND CONS      | SUME ALCOHOLIC BEVE                            | RAGES WITHIN LEE COUNT   | Y FACILITIES                |
| FILM PERM                                   |                    |  |  |                             |
| ,   |                    |  |  |                             |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APP | E APPLICATION, I   | PLEASE INDICATE BELOV<br>PLY WITH FOR THEIR EV | W WHAT ARRANGEMENTS<br>ENT.  | S YOUR ORGANIZATION         |
| Illumination:                               | N/A                |  |  |                             |
| Parking Areas:                              | N/A                |  |  |                             |
| Special Arrangements:                       | Event is not on or | poor Lan County Pody wood                      | the conductification of the conduction of the co |                             |
| opeoidi Arrange, mento.                     | EVENT IS HOL ON OF | near Lee County Park proper                    | rty and will not interfere with p  | ark operations or programs. |
|   |                    |  |  |                             |
|   | Print Name:        | Kimberly Garrett                               |  |                             |
|   | Signature:         | Kimberly Garrett                               | Digitally signed by Kimberly Garrett<br>Date: 2020.02.11 15:00:00 -05'00'  |                             |
|   | Title:             | Administrative Manager                         |  |                             |
|   | Date:              | February 11, 2020                              |  |                             |



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

| Check the appropria     | te box(es) be  | vlow:   |
|-------------------------|--|---|
| SPECIAL EVE             | NT PERMIT  |   |
| USE OF COU              | NTY PROPERT  | / PERMIT  |
| PERMIT TO S             | ELL AND CONS   | SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
| F. FILM PERMI           |  |   |
| AFTER REVIEWING THE A   | APPLICATION, I   | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.   |
| Insurance Requirements: | occurrence to p  | neral liability Insurance with minimum limits of One Million Dollars (\$1,000,000) per<br>rotect against bodily injury and/or property damage relative to applicants use of<br>event within Lee County. |
|                         |  |   |
|                         |  |   |
|                         |  |   |
| Special Arrangements:   | A Certificate of I<br>Board of County<br>additional Insure | nsurance shall be submitted as evidence of the required coverage listing Lee County<br>Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an                            |
|                         | Subject to proof   | of insurance.   |
|                         |  |   |
|                         | Print Name:  | Mike Figueroa   |
|                         | Signature:   | Mike Frim-  |
|                         | Title:   | Risk Program Manager  |
|                         | Date:  | February 12, 2020   |
|                         |  |   |

**TMCBB-1** 

OP ID: DP

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIDDIYYYY) 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(les) 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 David G. Pietro PHONE (A/C, No, Ext): 508-824-8961 FAX, Ho): 508-880-2734 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE HAICH ызинея A: Harco National Insurance Co. INSURED TMCHB, Inc. & TMCFM dba Rockstar Harley Davidson, 9501 Thunder Rd Fort Myers, FL 33913 INSURER 8: IHSURER C: WSURER D: DISURER E : INSURER F: 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. ADDL SUBR TYPE OF INSURANCE **POLICY NUMBER** A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurre CPP 21751001 10/31/2019 10/31/2020 X MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY PRO: Loc 2,000,000 PRODUCTS - COMP/OP AGG OTHER AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Exaccident) 1,000,000 ANY AUTO CPP217501001 10/31/2019 10/31/2020 BODILY INJURY (Per person) X SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) Х AUTOS ONLY X NON-OWNED AUTOS ONLY Α UMBRELLA LIAB 4,000,000 OCCUR **EACH OCCURRENCE** X Х EXCESS LIAB BU217501001 10/31/2019 10/31/2020 CLAIMS-MADE 12,000,000 AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY LSTATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE il yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOND 101, Additional Remarks Schedule, may be attached if more space is required) OK 02/12/2020 CERTIFICATE HOLDER 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. Lee County Board of **County Commissioners** PO Box 398 AUTHORIZED REPRESENTATIVE Fort Myers, FL 33902 David G. Pietro

ACORD 25 (2016/03)

ACORD

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# 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.

Juliana Garcia
Commission # GG178918
Expires: January 24, 2022
Bonded thru Aaron Notary

**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 Night on Saturday, March 14, 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, 2020 by Jeffery Scott Fischer, who is personally known to me.

KIMBERLY HASKINS Commission # FF 938566 Expires March 21, 2020

Bonded Thru Troy Fain Incurance 800-385-7019

Kimberly Haskins

**Notary Public** 

State of Florida

