

EVENT PERMIT



Ordinance 17-08

BOCA GRANDE FARMER'S MARKET

PERMIT NUMBER: TMP2020-00222

Date(s) of Event: DECEMBER 18, 2020 THROUGH APRIL 9, 2021

FRIDAYS EXCLUDING DECEMBER 25, 2020 FROM

9:00AM UNTIL 1:00PM

Property Owner:

LEE COUNTY

Applicant:

JEAN BAER

239-691-9249

Description:

FARMER'S MARKET ON EVERY FRIDAY FROM DECEMBER 18, 2020 UNTIL

APRIL 9, 202 CLOSED ON DECEMBER 25, 2020 FROM 9:00AM UNTIL 1:00PM

Location of event: 305 WHEELER RD, BOCA GRANDE, FL 33921

WHEELER ROAD

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 considered 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners Lee/County, Florida

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate	box(es,) below:
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USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	Boca Grunde Farmers Market
Date(s) of Event / Production:	Fridays December 18,2020 - Apr 9,2021 and Dec. 23,2020 (Closed Christmas)
Location(s) of Event:	Ball Field on Wheeker Rd - 305 Wheeler Rd
Name of Applicant:	Jean Baer, Local Roots, LCC
Applicant Address:	1418 Sandcastle Rd Sanibal, FL 33957
Applicant Phone Number:	239-691-9249
Contact Person: If different from applicant)	Jean Baer
Contact Phone Number: If different from applicant)	Same
mail Address:	jmbarra comeast. net
stimated Attendance:	250 (50 at a time)
vent Description: clude each activity, when ctivities take place, etc.	Farmers Market
ours of Operation:	9 am to 1 pm
RAP# of Parcel:	
wner of Premises*:	Lee County

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



Fill out the followi	ing questions for a	allpermit types:			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
What is the Zoning (Classification of the	premises?			
Are any temporary s	tructures to be inst	alled for the event?	Yes X No	Гуре:	
Do you have the app	ropriate permits fo	r the temporary structu	res?	[Yes	¶√No
 For a 'Special Even indentified, including 	t' and 'Use of Coun all parking areas.	ty Property' permit, sub		h all proposed	facilities and activitie
Insurance Company I	Insuring the Event:	Hannous	Pr		
Note: Certificate of Insura	ance must be submitted	at time of application	,		
Surety Company Bon	ding this Event (Na	me and Address):			
Will Vehicles be Use Event		Will Food be Available			nolic Beverages be sumed at this Event?
├─ Yes	No	Yes 1	No	∫ Yes	┌>₩
If yes, automobile co- included on the certific		If yes, products liability co included on the certificat	verage must be e of insurance.		ability coverage must be certificate of insurance.
Name & Address of O Providing Food:	rganization	Varions	Vendor 5		
Type of Food being Se	erved:	Various Produce Hon	ey B13	Ò	
Section II - USE (•			
Organization Sponsor	ing the Event:	Lee County Park	5 & Recica	hor	
Fill out this portion for	r applications for S	olicitation in the Count	v Rights-of-Way:		
Name of Charity:					
Address of Charity:					
Phone Number:					
Non-profit certificate/	registration numbe	r:		******	
(Proof of registration with the I	Dept. of Agriculture & Con	sumer Services §496.405 or pro	of the organization is exe	empt from this req	uirement. §316.2045)
Section III - SALE/	CONSUMPTIO	N OF ALCHOLIC BE	VERAGES PERI	MIT	
Is alcohol being sold/co			il alcohol on County Prop	├─Yes ſ perty.	- No
Non-profit certificate/re (Required if alcohol is to be <u>SOLC</u>	egistration 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

Other: Yes Yes Yes Yes Yes	\ \ \ \ \		OS
Yes Yes Yes	X '		
Yes Yes	X '		
Yes Yes	X '		
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Lee County:			
	Yes Yes Yes Yes Yes tc.)	Yes	Tyes No Tyes No Tyes No Tyes No Tyes No N

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.

Print Name of Applicant and Title

Witness

10-12-2020



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

Check the appropri	ate box(es) below:
SPECIAL EV	/ENT PERMIT
	PUNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	None
	Print Name: Lt. S. Brady
	Signature: Lt. Steven Brady
	Title: Special Events, Permits and Details
	Date: _/0-30-20
Control of the Contro	Pena I S



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	ate box(es) belo	ow:		
SPECIAL EV	ENT PERMIT			
☐ USE OF CO	UNTY PROPERTY F	PERMIT		
FILM PERN	NT			
AFTER REVIEWING THE WILL REQUIRE THE APPL				ts your organization
Fire Guards (How Many?)				
Fee for Services:				
Flammable Vegetation:				
First Aid Equipment:			·	-
Fire Extinguishing:				
Special Arrangements:	extinguish	or an open flame, the te ner. Femergency dial 911.	nt must have a fire	
ı	Print Name:	C.W. Blosser		
	Signature:	C.W. Blosser		
	Title:	Fire Chief		_
	Date:	06/22/2020		NAME OF THE PROPERTY OF THE PR
				····



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 □ FILM PERM	UNTY PROPERTY P IIT	ERMIT				
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.				
Treatment Facilities:	None necessary.					
Medical Personnel:	None necessary.					
Medical Supplies / Equipment:	None necessary.					
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.					
Fee for Services	Not applicable.					
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at				
	Print Name:	Douglas B. Higgins				
	Signature:	Douglas B. Higgins Devaly spread by Dougla it Regges Devalue of the Company of				
	Title:	Division Chief				
Date: November 06, 2020						



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

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Check the appropr	iate box(es) b	elow:
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FILM PERM		THE COUNTY PART OF THE PART OF
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Parking:	Park in designate	d areas. No event parking on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established	d means of ingress and egress.
Special Arrangements:	Adhere to all app	licable COVID-19 rules in effect at time of event.
	Print Name: Signature:	Bryan D Miller Digitally signed by Bryan D. Miller
	Title:	Senior Project Manager
	Date:	June 26, 2020



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

Check the appropr	riate box(es) b	elow:
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Illumination:	Daytime event, n	o lights needed.
		•
Parking Areas:	Parking will be av	aliable in designated areas for patrons and vendors at the Boca Grande Ball Field site.
Special Arrangements:	An existing agreed details for the wea	ment between event organizer and Lee County Parks and Recreation has site specific ekly market operations.
	•	
	Print Name:	Alise Flanjack
	Signature:	Alse Playock:
	Title:	Deputy Director
	Date:	10/27/2020.
Boco Farm: Dec. 18, 2020 Freidays (We	Fish Men - April 2 12/23/2020	1/4 Page 10



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

Check the appropria	te box(es) below:
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FILM PERMI	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT 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: Mike Figueroa

Risk Program Manager

October 2, 2020

Title:

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/21/2020

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 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).

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PRODUCER				CONTACT Larry Spilk	er ext 203			
Pro Insur, Inc dba Campbell Risk Management				PHONE IAIC, No. Extl: 317-8		[FAX (A/C, No):	317-84	18-9093
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Indianapolis, IN 46240 Larry Spilker Ext 203						RDING COVERAGE		HAIC#
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LLC				INSURER C :				<u> </u>
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ţ			['	John C. (Campo	rell		
						RD CORPORATION. AI	l rights	reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/21/2020

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/OD/YYYY) 01/21/2020

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 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	orsen	nenųs	3).	LCONT	ACT to a Colle				
Pro Insur, Inc dba Cempbell Risk Management 9595 Whitley Drive, Suite 204	CONTACT Larry Spilker ext 203 NAME: PHONE (A/C, No. Ext), 317-848-9075 E-HAIL ADDRESS: Ispilker@campbellrisk.com								
Indianapolis, IN 46240		INSURER(S) AFFORDING COVERAGE					NAIC #		
Larry Spiker Ext 203			· · · · · · · · · · · · · · · · · · ·	INSURER A : HANOVER INSURANCE GROUP					22292
INSURED Local Roots				INSURER B:					
LLC 1418 Sandcastle Rd				INSUR					
Sanibel Florida 33957				INSURER D : INSURER E :					
COVERAGES CI	RTIF	ICAT	E NUMBER:	INSURI	ERF:		Drugger Ivages		<u> </u>
THIS IS TO CERTIFY THAT THE POLICE	ES OF	INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO) THE INSUR	REVISION NUMBER	THE DO	ICV DEDIOD
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							MED EXP (Any one person)	\$	5,000
	.						PERSONAL & ADVINJURY	\$	2,000,000
GENT AGGREGATE LIMIT APPLIES PER	İ						GENERAL AGGREGATE	\$	4,000,000
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OTHER								5	
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District Board of Trustees Florida	as a	ıddili	onal insured T	CANCE	ELLATION				
8099 College Parkway Fort Myers, FL 33919	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
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