



# EVENT PERMIT

Ordinance 17-08



## EAVES/ AMENDOLA BANYAN STREET WEDDING CEREMONY

**PERMIT NUMBER:** TMP2021-00048

**Date(s) of Event:** APRIL 25, 2021 FROM 3:30PM UNTIL 7:30PM

Property Owner: LEE COUNTY

Applicant: ANGELA MILLER  
727-480-1435

Description: WEDDING CEREMONY ON APRIL 25, 2021 FROM 3:30PM UNTIL 7:30PM

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921  
**BANYAN STREET**

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

 4.15.21  
County Manager Date



**Lee County**  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

EAVES/AMENDOLA BANYAN STREET WEDDING

TMP 2021-00048

# 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	Eaves / Amendola Banyan Street Wedding Ceremony
Date(s) of Event / Production:	April 25, 2021
Location(s) of Event:	Banyan Street
Name of Applicant:	Angela Miller
Applicant Address:	1014 Bay Vista Dr. Tarpon Springs, FL 34689
Applicant Phone Number:	727-480-1435
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	angelamiller101@outlook.com
Estimated Attendance:	80-99
Event Description: Include each activity, when activities take place, etc.	Wedding Ceremony on 4/25/21 at 5:30PM
Hours of Operation:	TBD - up to 3 Hours in Length - 3:30p-7:30p
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County

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

## Lee County Event Permit Application



**Fill out the following questions for all permit types:**

What is the Zoning Classification of the premises? Lee County ROW

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: TBD

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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

Non-profit certificate/registration number: \_\_\_\_\_

(Proof of registration with the Dept. of Agriculture & Consumer Services §496.405 or proof the organization is exempt from this requirement. §316.2045)

### Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: \_\_\_\_\_

(Required if alcohol is to be **SOLD** at the event)

**Please note:** A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

## Lee County Event Permit Application



### Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

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

Will any of the following be needed or included\*?

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| Street Closure                 | <input checked="" 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 type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Other                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

For wedding  
ceremony

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

Special Parking Requirements:

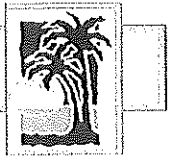
City or County Services Required: (Personnel, equipment, facilities, etc.)

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

Number in Cast: \_\_\_\_\_ Number in Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_

Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_

Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights



## **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

## **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

## **SECTION III - INDEMNIFICATION**

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

## **SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES**

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required

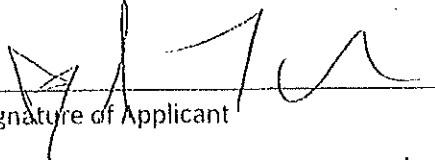


SECTION V - AGREEMENT

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

Angele Miller/Wedding  
Print Name of Applicant and Title Coordinator

1/7/21  
Date

  
Witness

Joseph R. Wier  
Print Name of Witness

1/11/21  
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 parking areas only.
Deputies (How Many?):	Two deputies for road closure, traffic control and security on Banyan Street between Park Ave and Gilchrist while wedding takes place.
Fee for Services:	Traffic detail is \$58/hr per deputy with a four hour minimum.
Special Arrangements:	Each end of Banyan Street must be blocked in order to provide safety and security to participants. All chairs, tables and other items used for the event must be removed from the roadway as soon as possible in order to reopen Banyan Street.

Print Name: Lt. S. Brady

Signature:

*Lt. Steven J. Brady*

Title:

Special Events, Permits and Details

Date:

1-13-21





**FIRE DEPARTMENT**

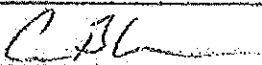
*The Fire Department serving the area where the event is to be held signs this form.  
Please see User's Guide for contact information and Fire District Map.*

**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?)	None
Fee for Services:	None
Flammable Vegetation:	None
First Aid Equipment:	None
Fire Extinguishing:	None
Special Arrangements:	<p>Due to the number of guests and chairs, the permit holder must have a team available, on site, to facilitate the immediate removal of all items/guests in case emergency access is needed on Banyan St. Any damage to BGFD vehicles while making access to emergency will be the responsibility of the permit holder.</p> <p>In case of emergency: DIAL 911</p>

Print Name: C.W. Blosser  
 Signature:   
 Title: Fire Chief  
 Date: 01/12/2021



## 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:	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 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

Signature of Douglas B. Higgins, Division Chief, Emergency Medical Services / Public Safety, Lee County, Florida, dated 01/15/2021.

Title: Division Chief

Date: January 15, 2021

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:

Park in designated areas. No event parking on any portion of the Banyan Street road right-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.

Print Name: Bryan Miller

Signature: Bryan Miller

Digitally signed by Bryan Miller  
Date: 2021.01.13 10:49:06 -05'00'

Title: Senior Project Manager

Date: January 13, 2021

# Eaves / Amendola Banyan Street Wedding on April 25th, 2021

## 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:

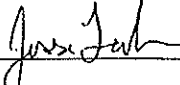
Generators prohibited to supply electric for lighting on Banyan Street. Lights are not to be hung or draped on trees or vegetation.

Parking Areas:

Overflow Parking permitted at the Boca Grande Community Center

Special Arrangements:

- Must provide insurance with Lee County BOCC being additionally insured. Permit holder must adhere to all rules on the Use of County Lands for Weddings on Banyan Street.
- Residents on Banyan Street must be informed in writing your wedding is taking place on April 25th, 2021
- All wedding guests and participants must stay on County property at all times.
- Due to Covid-19, a plan of action on how CDC guidelines will be met must be submitted and approved by a Lee County P&R representative and submitted to Zoning for final approval.
- Due to the amount of guests, Two Lee County Deputies must be hired. See permit signature page for contact information

Print Name:	Jesse Lavender	Joe Wier
Signature:		
Title:	Director	Supervisor
Date:	1/27/2021	1/11/21

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:

- ☐ 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.

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: January 29, 2021



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/27/2021

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 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).

<b>PRODUCER</b> R V Nuccio and Associates 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Robert V. Nuccio <b>PHONE (A/C, No, Ext):</b> (800) 364-2433 <b>FAX (A/C, No):</b> (818) 980-1595 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com																					
<b>INSURED</b> Judy Eaves 658 Bayshore Dr Tarpon Springs, FL 34689	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Fireman's Fund Insurance Company	21873	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Fireman's Fund Insurance Company	21873																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	OLP1057135	04/25/2021	04/27/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ None</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ None	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 1,000,000																			
	\$																			
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>					<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
WC STATU-TORY LIMITS	OTH-ER																			
E.L. EACH ACCIDENT	\$																			
E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			

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

Date of Event: From 12:01AM on 04/25/2021 to 12:01AM 04/27/2021

Type of Event: Wedding (Rehearsal, Rehearsal Dinner, Ceremony, Reception)

Additional Insured: Lee County Board of County Commissioners Wording:

THIS CERTIFICATE IS NOT VALID WITHOUT THE RVNA ADDITIONAL INSURED ENDORSEMENT FORM

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of County Commissioners PO Box 398 Ft Myers, FL 33902 OK 01/29/2021 	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 Robert V. Nuccio
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# Certificate of Insurance Requirements

If you are having alcohol at your event, include host liquor liability to the policy.

**General Liability Minimums** \$1,000,000 each occurrence and \$1,000,000 general aggregate

**Description of Operations/Locations . . . Verbage**

Lee County, a political subdivision & Charter County of the State of Florida, its agents, employees, and public officials are Additional Insured on the General Liability as required by written contract.

Or

Lee County BoCC, a political subdivision & Charter County of the State of Florida are Additional Insured on the General Liability as required by written contract.

Or

Lee County Board of County Commissioners, a political subdivision & Charter County of the State of Florida are Additional Insured on the General Liability as required by written contract.

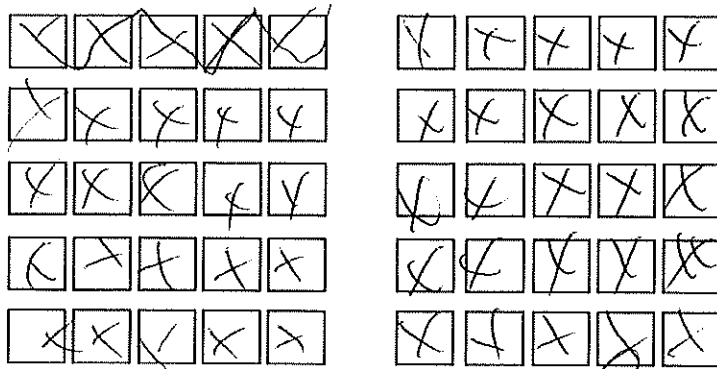
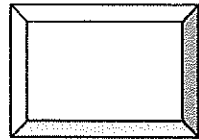
**Certificate Holder Verbage**

Lee County Board of County Commissioners  
P.O. Box 398  
Ft. Myers, FL 33902

**DO NOT MAIL CERTIFICATE OF INSURANCE  
TO THE ABOVE ADDRESS**

email to: **[rwier@leegov.com](mailto:rwier@leegov.com)**

# Gilchrist Ave.



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# Park Ave.





## Addendum to Special Event Permit Application

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As a condition of obtaining a special event permit, Lee County requires each organizer submit a written Covid-19 safety plan.

The safety plan shall include the following:

- Adherence to the Centers for Disease Control guidelines, the Governor of the State of Florida's executive order. This includes specifically:
  - ☒ Practicing social distancing
  - ☒ Encouraging anyone 65 years or older to avoid large crowds
  - ☒ Anyone that is sick or experiencing symptoms of any illness to stay home
  - ☒ Crowd control
  - ☒ Disinfecting Stations
  - ☒ Appropriate Signage
  - ☒ Disinfecting and cleaning all indoor spaces that are used
  - ☒ Protocols for dealing with inclement weather (especially lightning within a 10 miles radius), heat exhaustion and dehydration that meet distancing and protective guidelines.

Submit the outlined plan along with your Event Permit application to avoid delays in processing your permit.

## COVID PLAN

As a condition of obtaining a special event permit, Lee County requires each organizer submit a written Covid-19 safety plan.

The safety plan shall include the following:

Adherence to the Centers for Disease Control guidelines, the Governor of the State of Florida's executive - order. This includes specifically:

- o Practicing social distancing. **We will work with our wedding coordinator to make sure we are spaced adequately for all guest**

- To Encouraging anyone 65 years or older to avoid large crowds. **I will make sure anyone over 65 will avoid the crowd. Only one guest is over 65.**

- o Anyone that is sick or experiencing symptoms of any illness to stay home. **I will make sure and take temp to all guest as they arrive for wedding.**

- o Crowd control. **Will control crowd**

- o Disinfecting Stations. **Will make sure there is a lot of hand sanitizers for the entire day.**

- o Appropriate Signage. **I will make sure there is a sign regarding the requirement of all sanitizing, social distancing and temperature check.**

Disinfecting and cleaning all indoor spaces that are used. **I will make sure this is done.**

- o Protocols for dealing with inclement weather (especially lightning within a 10 miles radius), heat exhaustion and dehydration that meet distancing and protective guidelines. **Gasparilla has a back up plan and we will work on the details to meet the requirement**

Submit the outlined plan along with your Event Permit application to avoid delays in processing your permit.

Thank you.

Angela

**PRIVATE EVENT INSURANCE / Receipt**

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Date 01/27/2021

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**Insured Information**

Insured Name	Judy Eaves
Insured Address	658 Bayshore Dr Tarpon Springs, FL 34689
Insured Phone Number	7274801435
Insured E-mail Address	Angelamiller101@outlook.com
Policy Period	From 12:01AM on 01/28/2021 to 12:01AM 04/27/2021 Standard Time at the Insured's address shown above
Event Type	Wedding
Policy Number	OLP1057135
ID Number	1280438

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**Policy Information**

Coverage	Limit	Deductible
General Liability	\$1,000,000/\$2,000,000 Occ/Agg	\$1,000
Medical Payments To Others	Not Covered	
Cancellation or Postponement	\$1,000.00 Aggregate	\$25
Additional Expense	\$250.00 Aggregate	\$25
Change of Heart Coverage	Not Covered	
Photographs and Video	Not Covered	
Gifts	Not Covered	
Jewelry	Not Covered	
Special Attire	Not Covered	
Loss of Deposits	Not Covered	
Professional Counseling	Not Covered	
Rented Property	Not Covered	

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<b>Subtotal</b>	<b>\$95.00</b>
State Guarantee Fund	\$0.00
RVNA Corporate Charge	\$30.00
<b>TOTAL</b>	<b>\$125.00</b>

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**PAYMENT TERMS**

Paid by: Credit Card

**PRIVATE EVENT INSURANCE / Personal Liability Coverage Additional Insured Endorsement**

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**Policy Number:** OLP1057135  
**Endorsement Number:** AIE01

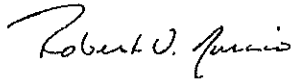
You, the **Honoree** and we agree that **SECTION II PRIVATE EVENT CANCELLATION INSURANCE LIABILITY COVERAGE** is amended to include as an insured, the person or organization shown below as an additional insured, but only to the extent that liability results from the sole negligence of the **Named Insured**.

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**Additional Insured(s)**

<b>01. Additional Insured</b>	<b>Lee County Board of</b>
<b>Name</b>	<b>County</b>
	<b>Commissioners</b>
<b>Street Address</b>	<b>PO Box 398</b>
<b>City</b>	<b>Ft Myers</b>
<b>State</b>	<b>FL</b>
<b>Zip Code</b>	<b>33902</b>
<b>Effective Date</b>	<b>12:01AM on</b>
	<b>04/25/2021</b>

All other terms and conditions of the policy remain unchanged. This endorsement does not provide the Additional Insured(s) with any coverage under SECTION I - PRIVATE EVENT INSURANCE PROPERTY COVERAGE.



Robert V. Nuccio  
Authorized Signature

Client ID: 1280438

You are logged in as Angelamiller101@outlook.com | [My Account](#)

[Wedsure Home](#)

[Manage Policy](#)

[Questions?](#)

## Thank You

Thank you for your purchase.

### Policy

Your policy number is OLP1057135.

Print your Wedsure Private Event Insurance policy documents instantly online!

[Print All Policy Documents](#)

### Managing your policy

Policy documents are emailed as an attachment. To add new Insurance Certificates or reprint any policy documents, go to your account.

### Need help

Call 1-800-ENGAGED (1.800.364.2433) to speak with a Wedsure representative

[Chat with a live person](#)

[Frequently Asked Questions](#)

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[View Sample Policy](#)

Wedsure® is endorsed by the National Alliance of Special Event Planners, Inc. (NASEP), [www.nasep.org](http://www.nasep.org)

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