

EVENT PERMIT



Ordinance 17-08

TASTE OF THE BEACH 25TH ANNUAL

PERMIT NUMBER: TMP2021-00052

Date(s) of Event: MAY 2, 2021 FROM 11:00AM UNTIL 4:00PM

Property Owner:

HANSON MARINE PROPERTIES INC

Applicant:

JACKI LISZAK

239-454-7500

Description:

RESTAURANT/FOOD TASTING COMPETITION WITH DRAFT VENDORS AND

EDUCATIONAL TENTS/BOOTHS, AND LIVE ENTERTAINMENT ON MAY 2, 2021

FROM 11:00AM UNTIL 4:00PM

Location of event: 2200 MAIN ST, FORT MYERS BEACH, FL 33931

MAIN ST

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

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:

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

Section I - GENERAL INF	ORMATION (All Permit Types)				
Title of Event / Name of Production	Task of the Beach (25th Annual)				
Date(s) of Event / Production:	may 2nd, 2021				
Location(s) of Event:	2500 main St, Fort Myers Beach, FL 33931				
Name of Applicant:	Jack: Liszak, Fort Myors Beach Chamber of Commerce				
Applicant Address:	2450 Estero Blid, Fort Myers Boach FL 33931				
Applicant Phone Number:	239-454-7500				
Contact Person: (If different from applicant)					
Contact Phone Number: (If different from applicant)					
Email Address:	Events @ Fmb Chamber. com				
Estimated Attendance:	1,000				
Event Description: Include each activity, when activities take place, etc.	Restaurant/food tasting competition with craft vendors + educational tents/but live entertainment				
Hours of Operation:	11:00AM - 4:00PM				
STRAP # of Parcel:	19-46-24-22-00599.2671				
Owner of Premises*:	Hanson Marine Properties INC				

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



What is the Zoning Classification of the premises? MP
Are any temporary structures to be installed for the event? TX Yes \(\tag{No} \) Type: \(\lambda \tag{NO} \) Pop up tents
Tyes No No No Pop up tends - no permit * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities' * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities'
* 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: Westchester/Mt Vernon Fre Ins. Co.
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 Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?
Γ Yes Γ No Γ Yes Γ No
If yes, automobile coverage must be included on the certificate of insurance. If yes, products liability coverage must be included on the certificate of insurance. If yes, products liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: Various Restaurants From Fort Myers Black Area
Type of Food being Served: Various American/Seafood
Section II - USE OF COUNTY PROPERTY PERMIT
Organization Sponsoring the Event: Fort Mycrs Beach Chamber of Commerce
Fill out this portion for applications for Solicitation in the County Rights-of-Way:
Name of Charity: Fort Myers Beach Chamber benefiting FMB Friends of
Address of Charity: 2450 Estano Blud, FMB the Kirts
Phone Number: 239-454-7500
Non-profit certificate/registration number: 45-3:798958 (FINSE) 50-688976 (FINSE) (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 <u>SOLD</u> 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



NA

TV Movie or Special	TV Series / Pilot	Γ	TV Comme	rcial	Γ	Still Photos	
Public Service Announcement	Industrial / Documentary	Γ	Other:				
ll any of the following be needed or	included*?						
Street Closure			┌ Yes	Г	No		
Traffic / Crowd Control			┌ Yes	Γ	No		
Fire or Burning			┌ Yes	Г	No		
Explosives or Pyrotechni	cs		┌ Yes	厂	No		
Animals, Large or Small			┌ Yes	Γ	No		
Construction of Any Kind	i		┌ Yes	Γ	No		
Large and/or Numerous	Vehicles		┌ Yes	Г	No		
Helicopters, Boats, etc.			┌ Yes	Γ	No		
Stunts			┌ Yes	Г	No		
Other			Yes	Γ	No		
Special Parking Requirements:							
City or County Services Required: (Pe	ersonnel, equipment, facilit	ies, et	c.)				
The following information is required the industry. If exact figures are not	available, please estimate a		ely as possib	le.			impa
Number in Cast:	Number in Crew:		Nur	nber of	locals	hired:	
Total budget:	Estimate amount sp	ent in l	ee County:				
Hotal room nights:	Manual and Calcardina	ما ما ما ما					
Hotel room nights:	Number of shooting	days:					



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

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.

SOLAM	() Leey Co. Cockes
Signature of Applicant	Witness
Print Name of Applicant and Title	Sherry 1 Oalos Print Name of Witness
4.5.21 Date	4/6/21 Date



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

Check the	appro	priate	box	es)) bel	ow:
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▼ SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

┌─ PERMIT TO ┌─ FILM PERM	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorizd areas only. Roadways will not be impeded. Vendor will have signs directing patrons to parking areas and will have parking attendants on site to assist with parking.
Deputies (How Many?):	2 deputies for security and presence
Fee for Services:	\$48/hr - 4 hour minimum per deputy
Special Arrangements:	Any amplified sounds must adhere to Lee County noise ordinances.
	Print Name: Lt. S. Brady Signature: Lt. S. Brady Title: Special Events, Permits and Details
	Date: 4-13-21

Page | £



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:

	/ENT PERMIT					
☐ USE OF CO	☐ USE OF COUNTY PROPERTY PERMIT					
┌ FILM PERN	ΛIT					
FTER REVIEWING THE A	PPLICATION, PLEA CANT TO COMPL	ASE INDICATE BELOW WHAT ARRANGEMENTS YOU Y WITH FOR THEIR EVENT.	JR ORGANIZATION			
Fire Guards (How Many?)	N/A 1 crowd	control manager for every 250 attendees.				
Fee for Services:	Invoice 2	2104092568503 provided.				
Flammable Vegetation:	I 1∨//1	permitted.				
First Aid Equipment:	N/A					
Fire Extinguishing:	state inspectio	nishers are to be provided, minimum size 2A10 on tags. Per Ms. Liszak every vendor will have Stage will be required to have one (1) as well.				
Special Arrangements:	any vendors ar may be require 2. Shrimp Docl for emergency	on vendors will be required at least one (1) we be to be cooking on site, additional measures fold. It driveway and Freedom Boat driveway are to access to site. This requires at least a 20' clean cobstruct fire hydrants or fire department cor	or fire and life safety remain accessible ar roadway width.			
	Print Name:	Jennifer Campbell				
	Signature:	Jennifer Campbell				
	Title:	Deputy Fire Marshal				
	Date:	April 9, 2021				



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:	See Special Arrangen	nents below.		
Medical Personnel:	See Special Arrangements below.			
Medical Supplies / Equipment:	See Special Arrangements below.			
Safety Requirements:	See Special Arrangements below.			
Fee for Services	See Special Arrangements below.			
		yers Beach Fire District for specifying EMS coverage for this event, as it falls within tt. Their department can be contacted at (239) 590-4200.		
	Print Name:	Douglas B. Higgins		
	Signature:	Douglas B. Higgins		
	Title:	Division Chief		
	Date:	April 15, 2021		

Teeter, Pamela

From:

Higgins, Douglas

Sent:

Wednesday, April 21, 2021 9:59 AM

To:

Teeter, Pamela

Cc:

Bertulli, Robert; OccsZoning

Subject:

FW: [EXTERNAL] Fwd: Taste of the Beach 2021 Permit/application

Attachments:

Standby Coverage for LCEMS.pdf

Good morning Ms. Teeter,

Thank you for your follow-up on this event permit.

I am forwarding this email thread to ensure you and the County Manager's office are aware of my interaction with the event organizer and Fort Myers Beach Fire District.

Additionally, I have confirmed what is our standard standby coverage with Lee Control. Captain Robert Sewell acknowledged that when the two ambulances that the Fort Myers Beach Fire District (FBFD) staff each day are busy, Lee Control sends a unit from LCEMS to standby at Station 32 in the FBFD's district (on the same side of the bridge as Salty Sam's) to ensure ambulance coverage on the island until a FBFD ambulance returns and is available.

On top of copying FBFD Assistant Chief Ron Martin on my deferral email to the event organizer, I have also spoken with FBFD Assistant Chief Vincent DiCristofalo. He stated that they had approved the event permit on their end prior to our notification by the event organizer, as the organizer was unaware that she needed our approval. In our discussion, he stated that they typically have more than 1000 persons in the Times Square area on a typical beach day, without adding additional coverage. He also said that this event has typically only generated one or two responses by their department in the past. He does not expect this to be a "typical" year for this event, given the impact of the pandemic.

Our standard/routine mutual aid coverage will be utilized should additional response coverage be needed prior to, during, and after this event. I have attached the Daytime Geographical Service Area (GSA) Designations with ambulance coverage standbys from Lee Control.

I would be glad to discuss this further should there be any additional questions or concerns. Please feel free to contact me at any time.

Douglas B. Higgins

Division Chief, Special Operations and Support Services Lee County Emergency Medical Services 2000 Main St., Suite #100 Fort Myers, FL 33901

Cell: 239-672-9651 Office: 239-533-3916 dhiggins@leegov.com

From: Jacki Liszak < jacki@fmbchamber.com>

Sent: Friday, April 16, 2021 10:19 AM

To: Higgins, Douglas < DHiggins@leegov.com>

Cc: OccsZoning <OccsZoning@leegov.com>; RMartin@fmbfire.org

Subject: Re: [EXTERNAL] Fwd: Taste of the Beach 2021 Permit/application

Daytime LCEMS G.S.A. Area Designations and Standby Points (0700-2300)

GSA	Stations	Standby Point
1	EMS 1 EMS 20 EMS 40	EMS 40
2	EMS 2 EMS 3 EMS 18 EMS 32 (0900-2100)	EMS 2
4	EMS 4 EMS 14 EMS 36 (0900-2100)	EMS 4
5	EMS 5	EMS 5
6	EMS 6 EMS 13 EMS 37 (0800-2000)	EMS 37
7	EMS 7 EMS 17 EMS 31 (0900-2100)	EMS 31
8	EMS 8 EMS 15 EMS 27	EMS 8
9	EMS 9 EMS 21 EMS 25 EMS 29 EMS 33 (0900-2100)	EMS 9
10	EMS 10	EMS 10
11	EMS 11 EMS 19 EMS 26	EMS 26
12	EMS 12 EMS 22 EMS 24 EMS 28 EMS 41 EMS 34 (0900-2100)	EMS 28
16	EMS 16	EMS 16
FBFD 32	FBA31 FBA32 FBA33	LCEMS to Station 32
LAFD 103	LAR101 LAR102 LAR103 LAR104 LAR105	LCEMS to Station 103 (DISP2 moves last Lehigh Rescue (if R101 or R105) to Station 102 for internal standby DISP2 moves last Lehigh Rescue (if R103) to Station 104 0), and 35 (0900-2100). These unit

Aedic units not included in any GSA are Medics 23, 30 (0930-2130), and 35 (0900-2100). These units an be utilized to fill vacant GSA's as needed.



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (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:		n Lee County maintain safe passage of vehicle:	ed road right-of-where where parking prohibited and/or and pedestrians.	
Ingress and Egress:	Use all established	means of ingress and e	gress.	
Special Arrangements:	Use Lee County Sh	eriff's Office for assistar	ice with traffic control as needed.	
	Print Name:	Bryan Miller		
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2021,04.15 08:15:58 -04'00'	
	Title:	Senior Project Manage	er	
	Date:	April 15, 2021		



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS, FLORIDA 33916 (239) 533-7275

Check the appropriate box(es) below:

SPECIAL EV کی	ENT PERMIT
☐ USE OF CO	UNTY PROPERTY PERMIT
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	NA - Daytine evert
Parking Areas:	NA
Special Arrangements:	NA - Event will not interfere with any porks operations or program.
	Print Name: Alise Flangack Signature: Alise Flangack Title: Deputy Director Date: 4/14/2021
Taste of The Ber 5/2/2021	ach



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (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.

WILL REQUIRE THE APPLI	CANT TO COIVIE	'LY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name:	Mike Figueroa
	Signature:	Make from
	Title:	Risk Program Manager
	Date:	April 14, 2021



DATE (MM/DD/YYYY) 04/14/2021

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(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). CONTACT Paul Gulbrandsen PRODUCER PHONE (A/C, No. Ext): E-MAIL ADDRESS: Heidrick & Company Insurance (239) 579-0660 (888) 767-1665 1648 Periwinkle Way paul@sanibelinsurance.com INSURER(S) AFFORDING COVERAGE NAIC # Sanibel FL 33957 INSURER A: Mount Vernon Fire Insurance Co 26522 INSUREO INSURER B : Greater Fort Myers Beach Area Chamber of Commerce, Inc. INSURER C: 2450 Estero Blvd INSURER D INSURER E Fort Myers Beach FL 33931 **COVERAGES** CI 2133001828 **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. ADDE SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY 1,000,000 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) NBP2553825A 02/05/2021 02/05/2022 PERSONAL & ADV INJURY 2.000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG 1,000,000 D&O Ş OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) s OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE AUTOS ONLY (Per accident) UMBRELLA LIAB occur EACH OCCURRENCE EXCESS LIAB AGGREGATE CLAIMS MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory In NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 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 is listed as Additional Insured as respects General Liability for the 2021 Taste of the Beach event on 5/2/2021. OK 04/14/2021 CANCELLATION **CERTIFICATE HOLDER** 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** FL 33902 Fort Myers



MEMORANDUM

Date: April 8, 2021

From: Darrell Hanson

To: Town of Fort Myers Beach

RE: Permission to use property

Please be advised that the Fort Myers Beach Chamber of Commerce has my permission to use the property located at 2200 Main Street (the Original Shrimp Dock Bar & Grill and parking lot) for Taste of the Beach on Sunday May 2, 2021.

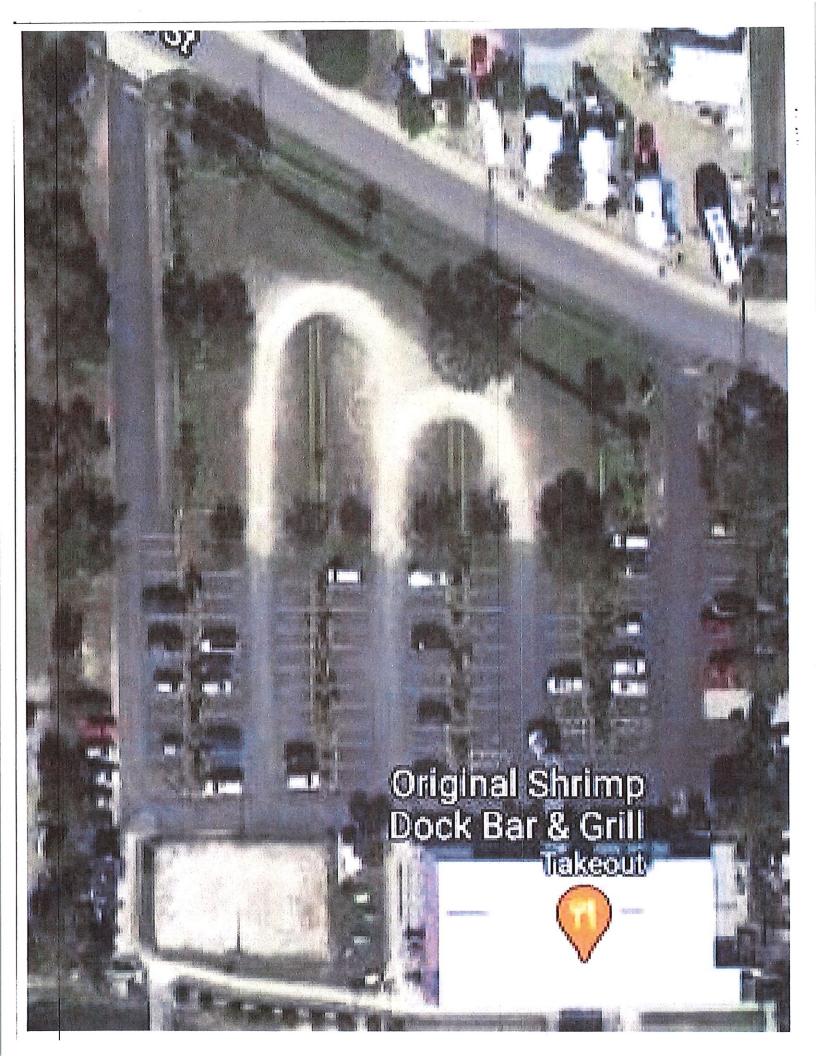
Thank you,

Darrell Hanson, Owner

Hanson Marine Properties, LLC

2500 Main Street

Fort Myers Beach, FL 33931





Addendum to Special Event Permit Application

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:
	中 Practicing social distancing
	回 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 19 Safety Plan	Fort Myers Beach Chamber of	ber of Commerce		
EVENT DATE:		May 2, 2021		
EVENT NAME:	ET T	Taste of the Beach		
EVENT LOCATION:	Sal	Salty Sam's Marina		
	DESCRIPTION OF TASK		RESPONSIBLE PARTY	ADDITIONAL INFO
	Identify a site specific COVID 19 supervisor to monitor the health of event staff, volunteers, vnedors and guests and to enforce the COVID 19 safety plan.	monitor the health of to enforce the COVID 19 safety plan.	Jacki Liszak, FMBCC	239-454-7500
COVID 19 SUPERVISOR	Name(s) of designated COVID-19 Supervisor	COVID-19 Supervisor	Megan Zelenak	Event Committee
	Cell Phone number or oth	ner on site contact information	770-329-5435	cell
			239-989-4665	D. Kastan cell
	Area(s) of responsibilty or	sibilty or event "zone"		All event areas inside of snow fence
	Describe Crown Mangement plants taking into consideration current public health physical distancing recommendations for the following	consideration current		
	Entry / Exit		Gail Langner	239-790-4445
CROWD MANAGEMENT	Queuing & Line Management	nt	Gail Langner	239-790-4445
	Crowd Flow		Ambassador Team	Ambassador team will be monitoring crowd movement throught the festival area. Site plan is designed to keep attendees spaced apart and to allow for freedom of movement (and spacing) in event areas.
	Programd Area (vendors, booths,	booths, activities)	Megan Zelenak	Restaurant and vendor booths will be on 10x10 spaces with at least 6 feet of space between each vendor spot.
	Entertainment		Jo List	Jo will be coordinating entertainers and making sure they have the requied covid protocols and spacing necessary.

, which will be the second of			and the state of t
	Hygiene	Event Staff	Hygiene plan wil be in place with santitizer stations located throughout festival area. Location of sanitizing stations is included in event layout
SANITATION	Disinfection	Event Staff	All tables, chairs and common areas will be wiped down with CDC guideline approved sanitizer and sprays throughout the duration of the event.
	Santitation schedule and staffing plan	Sanitation Team	Sanitation team will be on a 30 minute rotation schedule to wipe down and spray/disinfect common areas in the festival grounds.
	COVID Best Practices signage will be posted.	Event Staff	COVID best practices signage will be posted throughout the festival area (see attached).
	While Lee County does not have a mask mandate in place, FMBCC will strongly recommend that attedees wear a mask and practice social distancing when moving through the festival areas.		There will be seated areas for eating and drinking. Hand sanitzier, masks and wipes will be available to attendees.
PERSONAL PROT. EQUIP.	Masks will be provided at the front entrance	Gail Langner	will place masks and sanitizer at front entrance and will ensure sanitzer is refreshed throughout the day. Will have team check on sanitizer stations thorughout festival area.
			- Andrews - Andr
HEALTH SCREENING	Event organizaers will screen staff and volunteers for covid symptoms prior to the event.	d Volunteer Coordinator	Volunteers will need to submit and sign a covid statement when they RSVP to volunteer (see attached).
	CDC COVID-19 Symptoms reference website	d	www.cdc.gov/coronavirus/2019- ncov/symptoms- testing/symptoms.html

***************************************	Event	Event organizer will esure that all staff, volutneers, vendors and		
	guest	guests receive dthe approved guidelines and protocols and are		
	mana	managed in a consistent and lawul manner. Event organizer will		
	commu	communicate the approved staff and volunteer protocol prior to adn		
	throuou	throuout the event. The protocols applied will be guided by the state		
		and local health requiremetns.		
COMMUNICATION		Ensure that all protocols are communicated and followed Event Manager / Jacki Liszak	Event Manager / Jacki Liszak	954-415-2233
		Staff, Volunteers		
		Vendors, Performers, Suppliers, Contractors		
		Partipants & Guests		
				East Manage Banch Chamber of Commerce

Fort Myers Beach Chamber of Commerce 2450 Estero Blvd Fort Myers Beach, FL 33931 Phone: 239.454.7500

Volunteer form

TASTE OF THE BEACH COVID-19 SCREENING

In light of Centers for Disease Control& Prevention recommendations for COVID-19, known as Coronavirus, The Ft. Myers Beach Chamber of Commerce is requiring volunteers and staff members to be asked the below questions before participating in the Taste of the Beach event. Volunteers will be emailed these questions 24 hours prior to their volunteer activity and must bring a printed and signed copy with them or complete a form onsite in order to participate. For the safety of our community, this screening is required for each volunteer shift and must be documented.

Questions to be asked to each volunteer and staff member prior to volunteer activity:

- 1. Have you had a fever greater than 100.4° Fahrenheit (38°C) within the last 24 hours?
- 2. Have you been within 6 feet for at least 30 minutes of a person who has tested positive for COVID-19 within the last 14 days?
- 3. Have you had new or unexplained onset of a combination of two (2) or more of the following symptoms in the last 3 days (not associated with an existing diagnosed condition):
 - A. Dry cough?
 - B. Shortness of breath?
 - C. Unexplained muscle aches?
 - D. Severe fatigue?
 - E. Stomach issues? (vomiting, diarrhea)
 - F. Loss of taste or smell?
 - G. Chills? Or repeated shaking with chills?
 - H. Sore throat?
 - I. Headache?

Valuntoor Namo

If you answer "Yes" to any of the 3 questions, you may not participate in a volunteer activity right now. If this is the case, please contact the Chamber office to cancel your volunteer shift: events@fmbchamber.com or 954-415-2233. We would love to have you sign up to volunteer again, once you can answer "No" to all three questions.

VUI	uniteer ivaline.
Vol	unteer activity and date: TASTE OF THE BEACH, MAY 2,2021
1.	Have you had a fever greater than 100.4° Fahrenheit (38°C) within the last 24 hours? Yes No
2.	Have you been within 6 feet for at least 30 minutes of a person who has tested positive for COVID-19 within the last 14 days? Yes No
3.	Did you answer yes to at least two (2) symptoms listed in A thru I.? Yes No
Vol	unteer Signature: Date:

FORT MYERS BEACH CHAMBER OF COMMERCE

Avoid touching

old touching your face

Cough and sneeze into your elbow

Wear a face covering



Wash your hands Clean and disinfect

Practice social



Signage to be used

SHRIMP TOCK DRIVENAY

DOCKS



MEMORANDUM

Date: April 8, 2021

From: Darrell Hanson

To: Town of Fort Myers Beach

RE: Permission to use property

Please be advised that the Fort Myers Beach Chamber of Commerce has my permission to use the property located at 2200 Main Street (the Original Shrimp Dock Bar & Grill and parking lot) for Taste of the Beach on Sunday May 2, 2021.

Thank you,

Darrell Hanson, Owner

Hanson Marine Properties, LLC

2500 Main Street

Fort Myers Beach, FL 33931



DATE (MM/DD/YYYY)

04/14/2021 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(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). CONTACT NAME: PRODUCER Paul Gulbrandsen FAX (A/C, No): (888) 767-1665 PHONE (A/C, No. Ext): E-MAIL ADDRESS: P Heidrick & Company Insurance (239) 579-0660 1648 Periwinkle Way paul@sanibelinsurance.com INSURER(S) AFFORDING COVERAGE NAIC# Sanibel FL 33957 26522 Mount Vernon Fire Insurance Co INSURER A: INSURED INSURER B Greater Fort Myers Beach Area Chamber of Commerce, Inc. INSURER C 2450 Estero Blvd INSURER D INSURER E : Fort Myers Beach FL 33931 INSURER F **COVERAGES** CL2133001828 **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** LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | OCCUR \$ 5.000 MED EXP (Any one person) Y NBP2553825A 02/05/2021 02/05/2022 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG s 1,000,000 D&O OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ ANY AUTO s **BODILY INJURY (Per person)** OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTOS ONLY **AUTOS ONLY** (Per accident) \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 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 is listed as Additional Insured as respects General Liability for the 2021 Taste of the Beach event on 5/2/2021. **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



DATE (MM/DD/YYYY) 03/30/2021

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(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). CONTACT NAME: Paul Gulbrandsen PHONE (A/C, No, Ext): E-MAIL , (239) 579-0660 (888) 767-1065 Heidrick & Company Insurance E-MAIL paul@sanibelinsurance.com 1648 Periwinkle Way INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Mount Vernon Fire Insurance Co FL 33957 Sanibel 26522 INSURED INSURER B :

Greater Fort Myers Beach Area	Greater Fort Myers Beach Area Chamber of Commerce, Inc.							
2450 Estero Blvd			INSURER D:					
			INSURER E:					
Fort Myers Beach		FL 33931	INSURER F:					
COVERAGES CER	TIFICATE	NUMBER: CL213300182						
INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT.	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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. IROUTISUES HAVE BEEN REDUCED BY POLICY FOR THE PO							
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OTHER:			ļ		D&O \$ 1,000,000			
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ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	s		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'^				E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below				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 is listed as Additional insured as respects General Liability for the 2021 Taste of the Beach event on 5/2/2021.								
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.						D BEFORE		
2500 Main Street	AUTHORIZED REPRESENTATIVE							

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Fort Myers Beach

FL 33931



DATE (MM/DD/YYYY) 03/30/2021

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 a If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	the t	erms	and conditions of the pol	licy, cei	taln policies								
PRODUCER	CONTACT Paul Cultrandon												
	NAME: 1 BOI OBIDITATION OF THE PROPERTY OF THE												
Heidrick & Company Insurance 1648 Periwinkle Way					PHONE (239) 579-0660 FAX (A/C, No.): (888) 767-1665 E-MAIL ADDRESS: paul@sanibelinsurance.com								
	INSURER(S) AFFORDING COVERAGE NAIC #												
Sanibel	Sanibel FL 33957						INSURER A: Mount Vernon Fire Insurance Co 26522						
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Greater Fort Myers Beach Area	Cham	ber of	f Commerce, Inc.	INSURE	•								
2450 Estero Blvd				INSURE									
				INSURE									
Fort Myers Beach			FL 33931	INSURER F:									
COVERAGES CER	TIFIC	ATE	NUMBER: CL213300182										
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OFFICER/MEMBER EXCLUDED? [Mandatory in NH)	N/A						E.L. DISEASE - B						
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - F						
	1								1				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
Certificate Holder is listed as Additional Insured	as re	spects	s General Liability for the 202	1 Taste	of the Beach ev	ent on 5/2/202	21.						
CERTIFICATE HOLDER				CANO	ELLATION								
Big Game Hunters dba Origina 2200 Main Street	l Shrin	np Do	ck Bar & Grill	ACC	EXPIRATION I	DATE THEREO	SCRIBED POL F, NOTICE WILI Y PROVISIONS	. BE DEL					
							/ /						
Fort Myers Beach			FL 33931				lor Mi	tu					

Detail Request Form - continued

LCSO Details Main Phone Number: 239-477-1199								
Vendor Information								
Business Name: Fort Myers Beach Chamber of Commerce								
Street: 2450 Estero Blvd								
City: Fort Myers Beach State: FL Zip Code: 33931								
Business Contact: Jacki Liszak Phone:								
Email Address: events@fmbchamber.com								
Event Information								
Detail Location: 2500 Main St - Shrimp deck parking area								
Street: "Salty Sam's"								
City: Fort Myers Beach State; FL Zip Code: 33931								
Contact During Event: Jacki Liszak Phone: 954-415-2233								
Event Date: Event Time:								
Anticipated Crowd Size : 1000 Type of Event: Taste of the Beach								
Additional Security Working Detail: Yes No If Yes, how many?								
Permits Attached: Ves No Alcohol Served: Ves No								
Detail Information								
Security Traffic Prisoner Transport								
Escort Holiday Funeral Escort								
Last Minute Stand-by Stand-by								
Marked Vehicle 🗹 Yes 🗌 No Unmarked Vehicle 🗹 Yes 🔲 No								
Uniformed Deputy 🔽 Yes 🗌 No Plain Clothes Deputy 🗌 Yes 🔽 No								
Detail Description:								
2 uniformed deputies with vehicles for security and presence while event takes place. 4 hour minimum applies. Total estimated cost for detail is \$480.								
\.								



NYERS

FORT MYERS BEACH FIRE DEPARTMENT

100 Voorhis Street · Fort Myers Beach, Florida 33931 Mailing Address: Post Office Box 2880 · Fort Myers Beach, Florida 33932

Special Event Application

Event Type: Firework Display Small Outdoor/Indoor Event Large Outdoor/Indoor Event							
Date of Application: 4 8 21 Date of Event: 5 2 2							
Anticipated Number of Attendees: 41505 Anticipated Number of Event Workers: 10-15							
Will there be carnival or mechanical rides: NO Total number of vendors: 7 10-15							
Total number of Hot Food Vendors: Number of Stages:							
Event Sponsor: FUB Chamber Point of Contact (POC): Jacki Liszak							
POC Telephone Number: 239-454-7500 POC Email: Events @ Fmb chamber.							
Number of Tents larger than 20 x 20: Number of Tents 10 x 10: 15-20 ?							
Date of Set-Up: 5/2/21 Date of Take-Down: 5/2/21							
Every vendor will receive a fire inspection of their booth and is responsible for paying an inspection fee. Please list the contact information for the responsible party below. TWBCL-PIS, ACM'SCO WILL OF FEE. FOR COULD DIE.							
Please Note: If the event sponsor elects not to pay the vendor's inspection fee, a list of vendors with full contact information must be supplied to the Fort Myers Beach Fire Department, which includes a POC, telephone number, and e-mail address.							
All Inspection fees will be due at time of service, permit applications will not be released until all permit application fees are paid in full.							
Event applications submitted less than thirty (30) days prior to the event will be subject to additional fees. Expedited review service is available based upon availability, additional fees will apply.							
Submitting Party Name (Print) Administrative Use Only							
Submitting Rarry Name (Sign) Date Received:							
Scanned and Sent to Life Safety: Yes No Date Scanned and Sent to Life Safety: Yes No							
Diffe							

Revision Date: 1/2019

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736425

Entity Name: GREATER FORT MYERS BEACH AREA CHAMBER OF

COMMERCE, INC.

Current Principal Place of Business:

2450 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931

Current Mailing Address:

2450 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931 US

FEI Number: 59-0868976

Certificate of Status Desired: No

FILED Jan 20, 2021

Secretary of State

7084704180CC

Name and Address of Current Registered Agent:

LISZAK, JACQUELYN 2450 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACQUELYN LISZAK

01/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

City-State-Zip:

Name

Title

Address

PRESIDENT & CEO

LISZAK, JACQUELYN

2450 ESTERO BOULEVARD

FORT MYERS BEACH FL 33931

VICE CHAIR - OPERATIONS

BODENHAFER, CHARLES

Name 2450 ESTERO BOULEVARD Address

City-State-Zip: FORT MYERS BEACH FL 33931

Title VICE CHAIR - AMBASSADORS &

MEMBERSHIP RECRUITMENT ELIZABETH, COON

Name 2450 ESTERO BOULEVARD Address

City-State-Zip: FORT MYERS BEACH FL 33931 Title **CHAIRMAN**

GAVIN, JOHN Name

Address 2450 ESTERO BOULEVARD

City-State-Zip: FORT MYERS BEACH FL 33931

Title VICE CHAIR - MARKETING, EVENTS &

BUSINESS DEVELOPMENT

CLAYTON, ROLAND Name

2450 ESTERO BOULEVARD Address

City-State-Zip: FORT MYERS BEACH FL 33931

Title **TREASURER**

Name O'BRIEN, SEAN

Address 2450 ESTERO BOULEVARD

City-State-Zip: FORT MYERS BEACH FL 33931

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same lagal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYN LISZAK

CEO

01/20/2021



OGDEN UT 84201-0029

In reply refer to: 4077567774 May 25, 2016 LTR 4168C 0 59-0868976 000000 00

00025765

BODC: TE

FORT MYERS BEACH CHAMBER OF COMMERCE INC 1661 ESTERO BLVD STE 8



FT MYERS BCH FL 33931-2846

036870

Employer ID Number: 59-0868976

Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Mar. 24, 2016, regarding your tax-exempt status.

We issued you a determination letter in June 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (6).

Because you're not an organization described in IRC Section 170(c), donors cannot deduct contributions they make to you. You should advise your contributors that their contributions to you are not deductible.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Jeffrey I. Cooper

Director, EO Rulings & Agreement

July