

# **EVENT PERMIT**



Ordinance 17-08

#### THE ROHAN WEDDING

PERMIT NUMBER: TMP2021-00053

Date(s) of Event: MAY 6, 2022 FROM 2:00PM UNTIL 6:00PM

Property Owner:

LEE COUNTY

Applicant:

ALEXANDRA LAUFERSKY

352-551-6608

Description:

WEDDING CEREMONY ON BANYAN STREET ON MAY 6, 2022 FROM 2:00PM

UNTIL 6:00PM

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

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

THE ROHAN WEDDING

TMP 2021-00053



#### **Event Application**

Check the appropriate box(es) below:

| SPECIAL EVENT PERMIT   |
|--|
| USE OF COUNTY PROPERTY PERMIT  |
| ${oxdot}$ 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<br>Production   | The Rohan Wedding                       |
| Date(s) of Event /<br>Production:  | 05/06/2022                              |
| Location(s) of Event:  | Banayan Street, Boca Grande             |
| Name of Applicant:   | Alexandra Laufersky                     |
| Applicant Address:   | 1207 Bower Lane,<br>Lady Lake, FL 32159 |
| Applicant Phone Number:  | (352) 551-6608                          |
| Contact Person:<br>(If different from applicant)                                 |   |
| Contact Phone Number:<br>(If different from applicant)                           |   |
| Email Address:   | rohan2be@gmail.com                      |
| Estimated Attendance:  | 100                                     |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | Wedding ceremony 05/06/2022             |
| Hours of Operation:  | 2:00-6:00                               |
| STRAP # of Parcel:   | 14-43-20-61-00005.0010                  |
| Owner of Premises*:  | 14-43-20-61-00005.0010<br>LEE COUNTY    |

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



| What is the Zoning Classificati   | on of the premises? $\overset{	extbf{DO}}{	extbf{D}}$ | T RIGHT OF V                                       | VAY   |
|---|---|--|---|
| Are any temporary structures  | to be installed for the even                          | t? 区 Yes □ No                                      | Type: Arch & Chairs   |
| Do you have the appropriate p   | ermits for the temporary s                            | tructures?   | Yes X No  |
| * For a 'Special Event' and 'Usi<br>identified, including all parking               |   | it, submit a site plan wit                         | h all proposed facilities and activities  |
| Insurance Company Insuring t  | he Event: Wedsure                                     |  |   |
| Note: Certificate of Insurance must b   | e submitted at time of applicatio                     | n  |   |
| Surety Company Bonding this   | Event (Name and Address)                              | :  |   |
| Will Vehicles be Used as Par<br>Event?  | of This Will Food be Av                               | ailable at this Event?                             | Will Alcoholic Beverages be served/consumed at this Event?                          |
| Yes       No  | Yes   | <b>⊼</b>   No                                      | ├─ Yes  |
| If yes, automobile coverage mu<br>included on the certificate of ins                | ·· ), {-· ··  | ability coverage must be certificate of insurance. | If yes, liquor liability coverage must be included on the certificate of insurance. |
| Name & Address of Organizat<br>Providing Food:                                      | N/A   |  |   |
| Type of Food being Served:  |   |  | ,   |
| Section II - USE OF CO  | JNTY PROPERTY PER                                     | MIT  |   |
| Organization Sponsoring the   | Event:  |  |   |
| Fill out this portion for applic  | ations for Solicitation in th                         | e County Rights-of-Way                             | <i>y</i> :  |
| Name of Charity:  |   |  |   |
| Address of Charity:   |   |  |   |
| Phone Number:   |   |  |   |
| Non-profit certificate/registra   |   | . ADS or proof the organization is                 | exempt from this requirement. §316.2045)  |
| Section III - SALE/CON  |   |  |   |
| Is alcohol being sold/consume   | ed on County Property?                                |  | Yes No  |
| If Yes, then a "Lee County Alcohol Permit   | " is required. Only non-profit organiz                | ations can sell alcohol on County                  | Property.   |
| Non-profit certificate/registra<br>(Required if alcohol is to be <u>SOLD</u> at the |   |  |   |

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



| pe of Production (choos   | e all that apply)     | <b>)</b> :   |         |               |              |        |                |          |
|---------------------------|-----------------------|--|---------|---------------|--------------|--------|----------------|----------|
| TV Movie or Special       | Т                     | TV Series / Pilot  |         | TV Commerc    | cial         | X      | Still Photos   |          |
| Public Service Annour     | cement 🗀 In           | ndustrial / Documentary                                  | Г       | Other:        |              |        |                |          |
| ll any of the following b | e needed or inc       | cluded*?   |         |               |              |        |                |          |
| Street Closi              | ıre                   |  |         | ▼ Yes         |              | No     |                |          |
| Traffic / Cro             | owd Control           |  |         | Yes           | X            | No     |                |          |
| Fire or Burn              | ning                  |  |         | Yes           | X            | No     |                |          |
| Explosives (              | or Pyrotechnics       |  |         | Yes           | X            | No     |                |          |
| Animals, La               | rge or Small          |  |         | <b>∀</b> es   | Г            | No     |                |          |
| Construction              | n of Any Kind         |  |         | Yes           | X            | No     |                |          |
| Large and/o               | or Numerous Ve        | hicles   |         | Yes           | $\mathbf{X}$ | No     |                |          |
| Helicopters               | , Boats, etc.         |  |         | Yes           | X            | No     |                |          |
| Stunts                    |                       |  |         | Yes           | X            | No     |                |          |
| Other                     |                       |  |         | Yes           | X            | No     |                |          |
|                           |                       |  |         |               |              |        |                |          |
| Special Parking Require   | ments:                |  |         |               |              |        |                |          |
| Right of way parkin       | g & Boca Gra          | ande Community Cer                                       | nter fo | or overflow ( | parki        | ing    |                |          |
| City or County Services   | Required: (Pers       | sonnel, equipment, facilit                               | ies, et | c.)           |              |        |                |          |
|                           |                       |  |         |               |              |        |                |          |
|                           |                       |  |         |               |              |        |                |          |
|                           |                       | or local and state records<br>ailable, please estimate a |         |               |              | to ti  | ack the econor | nic impa |
| Number in Cast:           |                       | Number in Crew:  |         | Numl          | ber of       | locals | s hired:       |          |
| Total budget:             |                       | Estimate amount sp                                       | ent in  | Lee County:   |              |        |                |          |
| Hotel room nights:        |                       | Number of shooting                                       | days:   | _             |              |        |                |          |
| numbar                    | r of rooms v number o | 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.



#### **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

Alexandra Laufersky
Print Name of Applicant and Title

Date

Date

Print Name of Applicant and Title

Date

Date



#### 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  |
| □ USE OF CO           | UNTY PROPERTY PERMIT   |
| , ,                   | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERM             | нт   |
|                       |  |
|                       | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.  |
| Parking:              | Parking in authorized parking areas only.  |
| i dikilig.            | The state of the s |
|                       |  |
| Deputies (How Many?): | Two deputies for road closure, traffic control and security on Banyan Street between Park Ave  |
|                       | and Gilchrist while wedding takes place.   |
|                       |  |
|                       | J  |
| 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 / Capt. B. Perera   |
|                       | Signature: #05198  |
|                       | Title: Special Events, Permits and Details   |
|                       | Date:  |



#### 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: |
|-----------------------|----------------|

- Γ" SPECIAL EVENT PERMIT
- IX 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<br>Many?) |   | None  |
|----------------------------|---|---|
| Fee for Services:          | <u> </u>                                | None  |
| Flammable Vegetation:      |   | None  |
| First Aid Equipment:       | *************************************** |   |
| ļ                          |   | None  |
| Fire Extinguishing:        |   |   |
|                            |   | None  |
| Special Arrangements:      | and all objects                         | EMERGENCY access on Banyan St. is required. Be prepared to move any from the street to allow emergency vehicle access. Any damage to BGFD naking access to emergency will be the responsibility of the permit holder. |
|                            |   | In case of emergency - DIAL 911   |
| 1                          | Print Name:                             | C.W. Blosser  |
|                            | Signature:                              | CAL   |
|                            | Title:                                  | Fire Chief  |
|                            | Date:                                   | 03/29/2021  |



#### 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                              |   |
|   | UNTY PROPERTY P                         | ERMIT   |
| FILM PERM                                 | 11T                                     |   |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLI                        | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.   |
| Treatment Facilities:                     | None necessary.                         |   |
| Medical Personnel:                        | None necessary.                         |   |
| Medical Supplies /<br>Equipment:          | None necessary.                         |   |
| Safety Requirements:                      |   | ow all CDC and FDOH directives, and the Florida Governor's Executive Orders and safety, especially with regards to COVID-19 and the number of people event. |
| Fee for Services                          | Not applicable.                         |   |
| Special Arrangements:                     | Please call 911 in the<br>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  |
|   | Title:                                  | Division Chief  |
|   | Date:                                   | March 30, 2021  |



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

| Check the appropri    | ate box(es) bei     | low:  |
|-----------------------|---------------------|---|
| ☐ SPECIAL E\          | /ENT PERMIT         |   |
| ▼ USE OF CC           | OUNTY PROPERTY      | PERMIT  |
| PERMIT TO             | SELL AND CONS       | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES                                |
| FILM PERN             | ΛΙΤ                 |   |
|                       |                     | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| Parking:              | Park in designated  | areas. No event parking on any portion of Banyan Street road right-of-way.          |
| Ingress and Egress:   | Use all established | means of ingress and egress.  |
| Special Arrangements: | Lica Los County Sh  | neriff's Office for assistance with traffic control as needed.                      |
| Special Arrangements. | ose Lee County 31   | ienii s Onice ioi assistance with tranic control as needed.                         |
|                       | Deina Nama          | 5   |
|                       | Print Name:         | Bryan Miller  |
|                       | Signature:          |   |
|                       | Title:              | Senior Project Manager  |
|                       | Date:               | March 29, 2021  |
|                       |                     |   |

## Rohan Banyan Street Wedding - May 6, 2022

#### Lee County Event Permit Application



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

| Check the appropri                           | ate box(es) be                    | low:                       |                                 |                    |                     |           |
|--|-----------------------------------|----------------------------|---------------------------------|--------------------|---------------------|-----------|
| F SPECIAL EV                                 | ENT PERMIT                        |                            |                                 |                    |                     |           |
| ⊠ USE OF CO                                  | UNTY PROPERTY                     | PERMIT                     |                                 |                    |                     |           |
| PERMIT TO                                    | SELL AND CONS                     | UME ALCOH                  | OLIC BEVERAGE                   | S WITHIN LEE CO    | OUNTY FACILITIES    |           |
| FILM PERM                                    | IIT                               |                            |                                 |                    |                     |           |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPI | APPLICATION, PL<br>LICANT TO COMI | EASE INDICA<br>PLY WITH FO | ATE BELOW WHA<br>R THEIR EVENT. | AT ARRANGEMEN      | NTS YOUR ORGANI     | ZATION    |
| Illumination:                                | - Generators                      | prohibited t               | o supply electr                 | ic for lighting or | n Banyan Street.    | Lights ar |
| Parking Areas:                               | •                                 |                            |                                 | ····               | **                  |           |
|  | - Overflow Pa                     | arking permi               | tted at the Boc                 | a Grande Com       | munity Center       |           |
| Special Arrangements:                        | <u>.</u>                          |                            |                                 |                    |                     | :         |
|  | - Must provide                    | e insurance                | with Lee Cou                    | inty BOCC bein     | ig additionally ins | ured. Pe  |
|  | 1                                 |                            |                                 |                    |                     |           |
|  | Print Name:                       | JESSE (                    | AVENDER                         |                    | Joe W               | Jier      |
|  | Signature:                        | Dune of                    | )eul_                           |                    |                     | visor     |
|  | Title:                            | Direc                      | ton                             |                    | 3/26/               |           |
|  | Date:                             | 3/26/                      | 2021                            |                    |                     | R Wier    |

#### Rohan Banyan Street Wedding - May 6th, 2022

#### **Lee County Event Permit Application**



4/29/21

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

REVISED P&R PERMIT PAGE 4/28/21 July 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 will be informed in writing by a Parks & Recreation representative your wedding is taking place on Friday, May 6, 2022 - All wedding guests and participants must stay on county property at all times. - Due to Covid-19, a safety plan of action on how CDC guidelines will be met Print Name: Signature:

Title:

Date:



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

| Check the appropriat    | te box(es) bei            | ow:   |
|-------------------------|---------------------------|---|
| SPECIAL EVE             | NT PERMIT                 |   |
| ⋉ USE OF COU            | NTY PROPERTY              | PERMIT  |
| F PERMIT TO S           | ELL AND CONS              | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERMIT             | Г                         |   |
|                         |                           | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION 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:<br>Signature: | Mike Figueroa  Mike Figueroa  |
|                         | Title:                    | Risk Program Manager  |

April 14, 2021

Date:



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2021

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 noticy/les) must be endorsed. If SUBROGATION IS WAIVED, subject to

| the terms and conditions of the policy certificate holder in lieu of such endors  | , certain                      | policies may require an er   | ndorser          | nent. A stat   |   |  |          |             |  |
|---|--------------------------------|--|------------------|--|---|--|----------|-------------|--|
| PRODUCER  |                                |  | GONTAG<br>NAME:  | Robert   | V. Nuccio                                 |  |          |             |  |
| R V Nuccio and Associates   |                                |  |                  | PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 |   |  |          |             |  |
| 10148 Riverside Drive   |                                |  | E-MAIL<br>ADDRES | <sub>ss:</sub> suppor  | t@rvnuccio.                               | .com   |          | 1           |  |
| Toluca Lake, CA 91602   |                                |  |                  | INS  | URER(S) AFFOR                             | DING COVERAGE                                |          | NAIC#       |  |
|   |                                |  | INSURE           | <sub>RA:</sub> Fireman   | 's Fund Insu                              | rance Company                                |          | 21873       |  |
| INSURED   |                                |  | INSURE           | RB:  |   |  |          |             |  |
| Alexandra Laufersky   |                                |  | INSURE           | RC:  |   |  |          |             |  |
| 1207 Bower Lane   |                                |  | INSURE           | RD:  |   | ······································       |          |             |  |
| Lady Lake, FL 32159   |                                |  | INSURE           | RE;  |   |  |          |             |  |
|   |                                |  | INSURE           | RF:  |   |  |          |             |  |
|   |                                | TE NUMBER:   |                  |  |   | REVISION NUMBER:                             |          |             |  |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUIREM<br>PERTAIN<br>POLICIES | ENT, TERM OR CONDITION<br>, THE INSURANCE AFFORD<br>S. LIMITS SHOWN MAY HAVE | OF ANY           | CONTRACT THE POLICIES REDUCED BY                                   | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | OOCUMENT WITH RESPE<br>HEREIN IS SUBJECT T   | CT TO    | WHICH THIS  |  |
| INSR<br>LTR TYPE OF INSURANCE   | ADDL SUB<br>INSR WV            | BR POLICY NUMBER   |                  | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)                | LIMI   | rs       |             |  |
| A GENERAL LIABILITY   | 1                              | OLP1059254   |                  | 05/06/2022   |   | EACH OCCURRENCE                              | \$       | 1,000,000   |  |
| ✓ COMMERCIAL GENERAL LIABILITY  | •                              | OEI 1035254  |                  | 03/00/2022   | 03/00/2022                                | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$       | 1,000,000   |  |
| CLAIMS-MADE ✓ OCCUR   |                                | <del>,</del>   |                  |  |   | MED EXP (Any one person)                     | \$       | None        |  |
| ✓ Host Liquor Incl  |                                |  |                  |  |   | PERSONAL & ADV INJURY                        | \$       | 1,000,000   |  |
|   |                                |  |                  |  |   | GENERAL AGGREGATE                            | \$       | 2,000,000   |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |                                |  |                  |  |   | PRODUCTS - COMP/OP AGG                       | \$       | 1,000,000   |  |
| ✓ POLICY PRO- LOC   |                                |  |                  |  |   |  | s        |             |  |
| AUTOMOBILE LIABILITY  |                                |  |                  |  |   | COMBINED SINGLE LIMIT<br>(Ea accident)       | s        |             |  |
| ANY AUTO  |                                |  |                  |  |   | BODILY INJURY (Per person)                   | \$       |             |  |
| ALL OWNED SCHEDULED AUTOS AUTOS   |                                |  |                  |  |   | BODILY INJURY (Per accident)                 | \$       | -           |  |
| HIRED AUTOS NON-OWNED AUTOS   |                                |  |                  |  |   | PROPERTY DAMAGE<br>(Per accident)            | s        |             |  |
|   |                                |  |                  |  |   |  | \$       |             |  |
| UMBRELLA LIAB OCCUR   |                                |  |                  |  |   | EACH OCCURRENCE                              | \$       |             |  |
| EXCESS LIAB CLAIMS-MADE   |                                |  |                  |  |   | AGGREGATE                                    | \$       |             |  |
| DED RETENTIONS  |                                |  |                  |  |   |  | \$       |             |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                                |  |                  |  |   | WC STATU- OTH TORY LIMITS ER                 | <u> </u> |             |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                            |  |                  |  |   | E.L. EACH ACCIDENT                           | \$       |             |  |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                            |  |                  |  |   | E.L. DISEASE - EA EMPLOYE                    | \$       |             |  |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                                |  |                  |  |   | E.L. DISEASE - POLICY LIMIT                  | \$       |             |  |
|   |                                |  |                  |  |   |  |          |             |  |
|   |                                |  | 1                |  |   |  |          |             |  |
|   |                                |  |                  |  |   |  |          |             |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (Attac                     | h ACORD 101, Additional Remarks  | Schedule         | , if more space is   | required)                                 |  |          |             |  |
| Date of Event: From 12:01AM on 05/  | 06/2022                        | 2 to 12:01AM 05/08/202   | 2                |  |   |  |          |             |  |
| Type of Event: Wedding (Rehearsal,  |                                |  |                  |  |   |  |          |             |  |
| Additional Insured: Lee County Board  |                                |  |                  |  |   |  |          |             |  |
| Florida, its agents, employees, and p THIS CERTIFICATE IS NOT VALID WI  |                                |  |                  |  |   |  | ontra    | CE.         |  |
| THIS CERTIFICATE IS NOT VALID WI  | HOUT                           | HIE KVIYA ADDITIONAL.  | MOURI            | ה רואהטעס  | LITERI FUN                                | 4*1  |          |             |  |
|   |                                |  |                  |  |   |  |          |             |  |
| CERTIFICATE HOLDER  |                                |  | CANO             | CELLATION  |   |  |          |             |  |
| Lee County Board of Commissoners  |                                |  | sно              | OULD ANY OF  | THE ABOVE D                               | ESCRIBED POLICIES BE (                       | CANCE    | LLED BEFORE |  |
| P.O. Box 398  | OK                             | 04/14/2021   |                  |  |   | EREOF, NOTICE WILL<br>CY PROVISIONS.         | BE D     | ELIVERED IN |  |

AUTHORIZED REPRESENTATIVE Clobert V. Junio Robert V. Nuccio

Fort Meyers, FL 33902





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

Policy Number: OLP1059254

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**.

#### Additional Insured(s)

01. Additional Insured

Name

Commissoners

Lee County Board of

Street Address

P.O. Box 398

City

Fort Meyers

State

CI

Zip Code

33902

Effective Date

12:01AM on

05/06/2022

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

Lobert V. Junio



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2021

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

|   |  |                       |              |   |                      |   | olicies may require an e  | ndorse   | ment. A stat   | ement on th                              | is certificate does not c                        | onfer        | rights to the          |
|---|--|-----------------------|--------------|---|----------------------|---|---|--|--|--|--|--------------|------------------------|
| certificate holder in lieu of such endorsement(s).  PRODUCER  |  |                       |              |   |                      | CONTACT Robert V. Nuccio  |   |  |  |  |  |              |                        |
| R V Nuccio and Associates   |  |                       |              |   |                      |   |   | PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 |  |  |  |              |                        |
| 10148 Riverside Drive   |  |                       |              |   |                      | E-MAIL Support@rvnuccio.com   |   |  |  |  |  |              |                        |
| Toluca Lake, CA 91602   |  |                       |              |   |                      | ADURE   | 3 <b>3 5</b>  |  | RDING COVERAGE   |  | NAIC#  |              |                        |
|   |  |                       |              |   |                      |   |   | INSURE   |  |  | rance Company                                    |              | 21873                  |
| INSURED   |  |                       |              |   |                      |   |   | INSURE   | RB:  |  |  |              |                        |
| Ale   | xan  | dra Laufersky         | •            |   |                      |   |   | INSURE   |  |  |  |              |                        |
| j   |  | lower Lane            |              |   |                      |   |   | INSURE   | RD:  |  |  |              |                        |
| Lady Lake, FL 32159   |  |                       |              |   |                      |   |   | INSURER E:   |  |  |  |              |                        |
|   |  |                       |              |   |                      |   |   | INSURE   | INSURER F:   |  |  |              |                        |
| CO  | VER  | RAGES                 |              | CER   | TIFIC                | CATE  | NUMBER:   |  |  |  | REVISION NUMBER:                                 |              |                        |
| ll<br>C<br>E  | IDIC/<br>ERTI<br>XCLI                          | ATED. NOTWIT          | HST.<br>E IS | ANDING ANY RE<br>SUED OR MAY<br>TIONS OF SUCH | QUIF<br>PERT<br>POLI | REMEI<br>AIN,<br>CIES.  | RANCE LISTED BELOW HA<br>NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF AN  | Y CONTRACT<br>THE POLICIES<br>REDUCED BY   | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T     | CT TO        | WHICH THIS             |
| INSR<br>LTR   |  | TYPE OF I             | NSUR         | ANCE  | ADDL<br>INSR         | SUBR<br>WYD   | POLICY NUMBER   |  | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)               | LIMIT  | rs           |                        |
| Α   |  | NERAL LIABILITY       |              |   | 1                    |   | OLP1059254  |  | 05/06/2022   | 05/08/2022                               | EACH OCCURRENCE<br>DAMAGE TO RENTED              | \$           | 1,000,000              |
|   | <b>✓</b>                                       | COMMERCIAL GE         | Γ"           |   |                      |   |   |  |  |  | PREMISES (Ea occurrence)                         | \$           | 1,000,000              |
|   | _  | CLAIMS-MAI            | DE [         | OCCUR   |                      | 1   |   |  | Mark Laboratory and Control of Co |  | MED EXP (Any one person)                         | \$           | None                   |
|   | 1  | Host Liquor Incl      |              |   |                      |   |   |  |  |  | PERSONAL & ADV INJURY                            | \$           | 1,000,000              |
|   | H  | J                     |              |   |                      |   |   |  |  |  | GENERAL AGGREGATE                                | \$           | 2,000,000<br>1,000,000 |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:             |                       |              |   |                      |   |   |  |  | PRODUCTS - COMP/OP AGG                   | \$<br>\$   | 1,000,000    |                        |
|   | V POLICY PRO-<br>JECT LCC AUTOMOBILE LIABILITY |                       |              |   |                      |   |   |  |  | COMBINED SINGLE LIMIT<br>(Ea accident)   | <del>                                     </del> |              |                        |
|   | <del></del>                                    |                       |              |   |                      |   |   |  |  |  | (Ea accident)  BODILY INJURY (Per person)        | \$           |                        |
|   | -  | ANY AUTO<br>ALL OWNED |              | SCHEDULED                                     |                      |   |   |  |  |  | BODILY INJURY (Per accident)                     | <del> </del> |                        |
|   | $\Box$   | AUTOS                 |              | AUTOS<br>NON-OWNED                            |                      |   |   |  |  |  | PROPERTY DAMAGE                                  | s            |                        |
|   |  | HIRED AUTOS           |              | AUTOS   |                      |   |   |  |  |  | (Per accident)                                   | s            |                        |
| $\vdash$  |  | UMBRELLA LIAB         | Щ            | OCCUR   | <b></b>              | <del> </del>  |   |  |  |  | EACH OCCURRENCE                                  | s            |                        |
|   |  | EXCESS LIAB           | l            | CLAIMS MADE                                   |                      |   | 1   |  |  |  | AGGREGATE  | \$           |                        |
|   |  | DED RET               | ENTIC        |   |                      |   |   |  |  |  | Nooncome   | s            |                        |
|   |  | RKERS COMPENS         | ATION        | l   |                      | <u> </u>  |   |  |  |  | WC STATU- OTH-<br>TORY LIMITS ER                 |              |                        |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |  |                       |              |   |                      |   |   |  | E.L. EACH ACCIDENT   | s  |  |              |                        |
|   |  |                       | N/A          |   |                      |   |   |  | E.L. DISEASE - EA EMPLOYEE   | <u> </u>                                 |  |              |                        |
|   |  |                       |              |   |                      |   |   |  | E.L. DISEASE - POLICY LIMIT  |  |  |              |                        |
|   | 1  |                       |              |   |                      |   |   |  |  |  |  |              |                        |
|   |  |                       |              |   |                      |   |   |  |  |  |  |              |                        |
|   |  |                       |              |   |                      |   |   |  |  |  |  |              |                        |
| DES   | CRIP   | TION OF OPERATIO      | NS/I         | LOCATIONS / VEHIC                             | LES (                | Attach  | ACORD 101, Additional Remarks   | Scheduk  | e, if more space is  | s required)                              |  |              |                        |
|   |  |                       |              |   | -                    |   | to 12:01AM 05/08/202  |  |  |  |  |              |                        |
|   | -  |                       | -            |   |                      |   | Dinner, Ceremony, Re  |  | •  |  |  |              | 71 C                   |
|   |  |                       |              |   |                      |   | nissoners Wording: Lec<br>ials are Additional Insu  |  |  |  |  |              |                        |
|   |  |                       |              |   |                      |   | HE RVNA ADDITIONAL  |  |  |  |  | Untra        | Lt.                    |
| ''  | нэ   | CENTITICATE           | 10 1         | IOI VALID WI                                  | 1110                 | 01 11   | HE KVINA ADDITIONAL   | MOOK   | LD LINDONS   | LIMENTION                                | Al·I   |              |                        |
|   |  |                       |              |   |                      |   |   |  | 1  |  |  |              |                        |
| CE  | RTI  | FICATE HOLD           | ER           |   |                      |   |   | CAN  | CELLATION  |  |  |              |                        |
|   | ~ ~  | umfu Da=== -          | £ 0-         | mmiccor                                       |                      |   |   | en,  | THE TO A REV CHE   | THE VBUNE D                              | NESCRIREN DAI JAIES DE A                         | : ልክሶሮ       | I I ED BEEODE          |
| Lee County Board of Commissoners  |  |                       |              |   |                      | 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 |   |  |  |  |  |              |                        |
| P.O. Box 398  |  |                       |              |   |                      |   |   |  |  |  |  |              |                        |
| Fort Meyers, FL 33902   |  |                       |              |   |                      |   |   |  |  |  |  |              |                        |
|   |  |                       |              |   |                      |   |   | Robert V. Nuccio   |  |  |  |              |                        |
| 1   |  |                       |              |   |                      |   |   | Robe   | ert V. Nuccio  | ,  | HOURT V. Yours                                   |              |                        |





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

Policy Number: OLP1059254

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**.

#### Additional Insured(s)

01. Additional Insured Lee County Board of

Name Commissoners
Street Address P.O. Box 398
City Fort Meyers

 State
 FL

 Zip Code
 33902

 Effective Date
 12:01AM on 05/06/2022

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

Lobert V. Junio



#### 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.

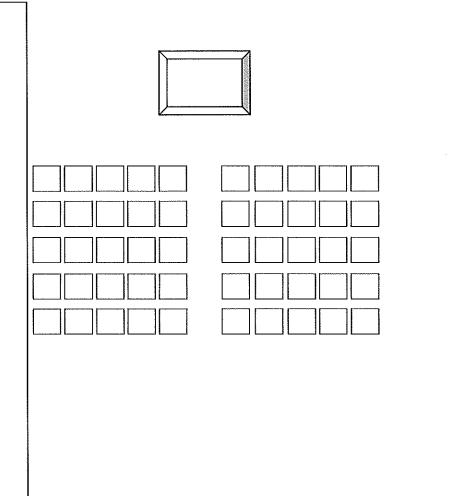
The safety plan shall include the following:

|                | nce to the Centers for Disease Control guidelines, the Governor of the State of Florida's executive 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 out | ined plan along with your Event Permit application to avoid delays in processing your permit.   |
|                | ,   |
|                |   |
|                |   |
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|                |   |

#### The Rohan Wedding – Banyan Street Ceremony COVID-19 Safety Plan

- Practicing social distancing
  - o Each guest will have assigned seating with members of their household. Others will be spaced out 6 feet from the group/couple near them. We will request that those who are less than 6 feet a part wear masks.
- Encouraging anyone 65 years or older to avoid large crowds
  - o Our guests over 65 years of age will be encouraged to stay home or view from afar.
- Anyone that is sick or experiencing symptoms of any illness to stay home
  - o Our invitation and website will recommend that folks who are feeling ill stay home and do not attend this event.
- Crowd control
  - We will be limiting the event invitations to 100 people and ask that folks arrive in waves, vs all at once so they can be sat in their assign seats and stay socially distanced.
- Disinfecting Stations
  - As folks arrive they will receive a mini hand sanitizer for them to keep for the duration of the event.
  - They will also be able to obtain a facemask if they didn't bring one with them.
- Appropriate Signage
  - We will display signage that encourages CDC guidelines and social distancing to be followed.
- Disinfecting and cleaning all indoor spaces that are used
  - We do not plan to have any indoor spaces used for this event.
- Protocols for dealing with inclement weather (especially lightning within a 10 miles radius), heat exhaustion and dehydration that meet distancing and protective guidelines.
  - o In the event of inclement weather, we will relocate our ceremony to the Boca Bay Pass Club indoor venue.

# Gilchrist Ave.



CHAIRS 100 Park Ave.

S e **e** 

Dear Banyan Street Residents,

We are writing this letter to inform you that your street will be closed from 2:00pm - 6:00pm on Friday, May  $6^{th}$ , 2022 for the Rohan Wedding Ceremony. We plan to keep our ceremony brief and quiet to respect your time.

We appreciate your understanding in allowing us to utilize your beautiful street as the backdrop for our special day.

John Rohan & Alexandra Laufersky

# Carmine Marceno Sheriff



#### State of Florida County of Lee

# Exhibit A Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

| The | current | detail | rates | are: |
|-----|---------|--------|-------|------|
|     |         |        |       |      |

| Security            | \$48/hr | Traffic             | \$58/hr |
|---------------------|---------|---------------------|---------|
| Funeral Escort      | \$48/hr | Security Supervisor | \$58/hr |
| Escort              | \$48/hr | Traffic Supervisor  | \$68/hr |
| Boat                | \$48/hr | Civil Stand-by      | \$68/hr |
| Holiday/Last Minute | \$68/hr | Prisoner Transport  | \$68/hr |

Details are charged a \$15 <u>per deputy</u> vehicle rate (when applicable). All boat details are charged a \$20 per hour boat rate (when applicable).

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety without penalty.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed <u>unarmed</u> security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

| LEE COUNTY SHERIFF'S OFFICE USE ONLY               |                    |               |                     |  |  |  |  |
|--|--------------------|---------------|---------------------|--|--|--|--|
| Total Deputy(ies) 2                                | Total Hours 4 each | Rate per Hour | Vehicle Rate Waived |  |  |  |  |
| Supervisory Deputy(ies)  Alexandra Laufers  Entity |                    | Rate per Hour | Vehicle Rate        |  |  |  |  |



"The Lee County Sheriff's Office is an Equal Opportunity Employer" 14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

#### Detail Request Form - continued

| LCSO Details Main Phone Number: 239-477-1199  |                      |                                       |  |  |  |  |  |  |
|---|----------------------|---------------------------------------|--|--|--|--|--|--|
| Vendor Information  |                      |                                       |  |  |  |  |  |  |
| Business Name: The Rohan Wedding  |                      |                                       |  |  |  |  |  |  |
| Street: 1207 Bower Lane   |                      |                                       |  |  |  |  |  |  |
|   | State: FL            | Zip Code: 32159                       |  |  |  |  |  |  |
| Business Contact: Alexandra Laufersky   |                      |                                       |  |  |  |  |  |  |
| Email Address: rohan2be@gmail.com   |                      |                                       |  |  |  |  |  |  |
| Direct reduces.   |                      |                                       |  |  |  |  |  |  |
| Event.  |                      |                                       |  |  |  |  |  |  |
| Detail Location: Banyan Street Between Park   | and Gilchrist        |                                       |  |  |  |  |  |  |
| Street:   |                      |                                       |  |  |  |  |  |  |
| City: Boca Grande   |                      | Zip Code: A                           |  |  |  |  |  |  |
| Contact During Event: Alexandra Laufersky   | Phone                | 352-551-6608                          |  |  |  |  |  |  |
| Event Date: 05/06/22  |                      | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
| Anticipated Crowd Size : 100  |                      |                                       |  |  |  |  |  |  |
| Additional Security Working Detail: Yes   |                      |                                       |  |  |  |  |  |  |
|   |                      |                                       |  |  |  |  |  |  |
| Permits Attached:  Yes No   | Alcohol Served: Yes  | ✓ No                                  |  |  |  |  |  |  |
| Detail I  | nformation           |                                       |  |  |  |  |  |  |
| Security Traffic 🗸  | Prisoner T           | Transport 🔲                           |  |  |  |  |  |  |
| Escort Holiday  | Funeral E            | Scort                                 |  |  |  |  |  |  |
| Last Minute Stand-by Stand-by   | ]                    |                                       |  |  |  |  |  |  |
| Marked Vehicle  Yes  No   | Unmarked Vehicle     | ✓ Yes                                 |  |  |  |  |  |  |
| Uniformed Deputy 📝 Yes 🗌 No   | Plain Clothes Deputy | Yes V No                              |  |  |  |  |  |  |
| Detail Description:   |                      |                                       |  |  |  |  |  |  |
| Two deputies for road closure, traffic control and security on Banyan Street between Park Ave and Gilchrist while wedding takes place. Each end of Banyan Street must be blocked in order to provide safety and security to the participants. All chairs, tables and other items used for the event must be removed from the roadway as soon as possible to reopen Banyan Street. Payment is due one month before the event in the form of a cashiers check, money order or cash. Please do not send payment now. If for any reason the wedding is canceled, the Sheriff's Office needs to be notified to take the event off of our schedule. Estimated total for detail \$464. |                      |                                       |  |  |  |  |  |  |
|   |                      |                                       |  |  |  |  |  |  |

