



# EVENT PERMIT

Ordinance 17-08



## ORTIZ/THORNE BANYAN STREET WEDDING

**PERMIT NUMBER:** TMP2021-00131

**Date(s) of Event:** AUGUST 21, 2021 FROM 8AM UNTIL 11:59PM

Property Owner: LEE COUNTY

Applicant: NOEMI CAMPOS  
941-237-9803

Description: ORTIZ/THORNE BANYAN STREET WEDDING AUGUST 21, 2021 FROM 8AM  
UNTIL 11:50PM

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 ?	To Be Consumed
Will a bond be posted for this event ?	No

**Permit Conditions:**

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners  
Lee County, Florida

  
County Manager Date 8/11/2021



## Temporary Permit

Special Event per Ord. 17-08

Permit Number: TMP2021-00131

Issued Date: 08/13/2021

Expiration Date: 08/21/2021

Owner Name: LEE COUNTY

Applicant: NOEMI CAMPOS

Project Name: ORTIZ/THORNE BANYAN STREET WEDDING

Description: ORTIZ/THORNE BANYAN STREET WEDDING AUGUST 21, 2021 FROM 8AM UNTIL 11:50PM

Job Address: 131 - 135 1ST ST W, BOCA GRANDE, FL 33921

<b>GENERAL INFORMATION</b>	
Current Florida Building Code: Florida Building Code 7th Edition (2020)	Directions: BANYAN STREET
Event End Date: 08/21/2021	Event End Time: 23:30 11:30 PM
Event Start Date: 08/21/2021	Event Start Time: 08:00 08:00 AM
Type of Permit: Special Event per Ord. 17-08	
<b>SPECIAL EVENTS</b>	
Alcoholic Beverages?: To Be Consumed	Bond Required?: No
Date(s) of Event: AUGUST 21, 2021 FROM 8AM UNTIL 11:59PM	Event on County Property?: Yes
Special Event > 1000?: No	

- NO SMOKING SIGNS ARE REQUIRED.
- Tents up to 2500 sq. ft. must have Two (2) classification type 2A fire extinguishers. Flame resistance certificates must be on the job site for inspection.
- Tents will be at least twelve (12) feet from all property lines and have an unobstructed passageway or fire road not less than twelve feet wide and free from guy ropes or other obstructions on all sides of tent. Tents must maintain minimum 25' setback from all road right of way. Tents will not block any driveway, fire hydrant or fire access to any building.
- Tents that will be occupied after sunset will have lights and emergency lighting at each exit.
- All other applicable requirements of N.F.P.A. 102 will be complied with.

REQUEST AN INSPECTION ONLINE @ <https://accelaaca.leegov.com> or CALL 239-533-8997 OPTION 1  
WHEN PROMPTED FOR THE PERMIT NUMBER ENTER TMP2021-00131

The automated system will schedule the inspection for the next business day. However, inspections are only performed on TUESDAY and THURSDAY in this area. For any questions, please call 239-533-5801.

### Required Inspections

DATE: BY:

902 Fire Final

Request Inspection through the IVR or eConnect website, then contact the Boca Grande fire district to schedule a time at 941-964-2908

Tent Fire Dept Insp

Fire department inspection required on ALL TENTS, contact the fire department directly. 941-964-2908

Other Inspection

**This temporary use permit is valid for one year from the date of issuance. This permit does not allow more than 8 scheduled events from date of issuance. A scheduled event is to allow for the sale of flowers, vegetables or other crops grown on this property each year. Each event may not exceed two days.**

**Separate permits would be required for the construction of any structures, buildings, or the installation of any utilities.**

**NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.**

**THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENT PASSED INSPECTION. BUILDING PLANS MUST BE ON JOB AT TIME OF INSPECTION. REINSPECTION FEE \$50.00**

**THIS CARD MUST BE PLACED ON A BOARD AT EYE LEVEL SO IT CAN BE READ FROM THE STREET AND BE PROTECTED FROM THE WEATHER.**



# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

Ortiz / Thorne Banyan Street Wedding  
and Crowninshield House Reception on 8/21/21

TMP2021-00131





## Addendum to Special Event Permit Application

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

The safety plan shall include the following:

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

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

## Lee County Event Permit Application



### Event Application

*Check the appropriate box(es) below:*

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

Section I - GENERAL INFORMATION (All Permit Types)	
<b>Title of Event / Name of Production</b>	Ortiz/ Thorne Wedding
<b>Date(s) of Event / Production:</b>	8/21/2021
<b>Location(s) of Event:</b>	Banyan Street and Louis Dupont Crowninshield House
<b>Name of Applicant:</b>	Noemi Campos
<b>Applicant Address:</b>	941-237-9803
<b>Applicant Phone Number:</b>	
<b>Contact Person:</b> (If different from applicant)	
<b>Contact Phone Number:</b> (If different from applicant)	noemicampos2223@yahoo.com
<b>Email Address:</b>	
<b>Estimated Attendance:</b>	50-60
<b>Event Description:</b> Include each activity, when activities take place, etc.	Banyan Street Wedding, set-up, wedding, breakdown 4P - 8P (Deputies) Crowninshield House Reception (All Day Rental 8a - 11:59p) -Dinner, Dancing, Etc.
<b>Hours of Operation:</b>	See Above
<b>STRAP # of Parcel:</b>	14432001000050010
<b>Owner of Premises*:</b>	Lee County

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



## Lee County Event Permit Application



What is the Zoning Classification of the premises? DOT Right of Way and Public Facility

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures? ☐ Yes ☒ No

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: \_\_\_\_\_

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☒ Yes ☐ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

TBD

Type of Food being Served: Wedding Food

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: \_\_\_\_\_

**Fill out this portion for applications for Solicitation in the County Rights-of-Way:**

Name of Charity: \_\_\_\_\_

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

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

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

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

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

Is alcohol being sold/consumed on County Property? ☐ Yes ☐ No

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

Non-profit certificate/registration number: \_\_\_\_\_  
(Required if alcohol is to be SOLD at the event)

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

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

Street Closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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\_\_\_\_\_

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

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

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



## Lee County Event Permit Application



### 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.

Lee County Event Permit Application



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.

Noemi Campos

Signature of Applicant

[Signature]

Witness

Noemi Campos

Print Name of Applicant and Title

Joseph R. Wier

Print Name of Witness

5/2/2021

Date

5/11/21

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

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

Print Name: Lt. S. Brady

Signature:

Title:

Date:

Capt. Bryan Perera  
#05196  
Special Events, Permits and Details



Lee County Event Permit Application



**FIRE DEPARTMENT**

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

**Check the appropriate box(es) below:**

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ FILM PERMIT

**AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.**

**Fire Guards (How Many?)**

None

**Fee for Services:**

None

**Flammable Vegetation:**

None

**First Aid Equipment:**

None

**Fire Extinguishing:**

None

**Special Arrangements:**

Be advised that EMERGENCY access on Banyan St. is required. Be prepared to move any and all objects from the street to allow emergency vehicle access. Any damage to BGFD vehicles while making access to emergency will be the responsibility of the permit holder.

**In case of emergency - DIAL 911**

**Print Name:** C.W. Blosser

**Signature:**

**Title:** Fire Chief

**Date:** 05/12/21

## Lee County Event Permit Application



## EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100

FORT MYERS, FL 33901

(239) 533-3911

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
- ☒ USE OF COUNTY PROPERTY PERMIT
- ☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities: None necessary.

Medical Personnel: None necessary.

Medical Supplies / Equipment: None necessary.

Safety Requirements: Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.

Fee for Services: Not applicable.

Special Arrangements: Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
DN: cn=Douglas B. Higgins, o=Lee County Emergency Medical Services, ou=Lee County Public Safety,  
ou=Sheriff's Office, email=dhiggins@leco.fl.us, c=US  
Date: 2021.05.25 12:52:01 -0400

Title: Division Chief

Date: May 25, 2021

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☒ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:

- Generators prohibited to supply electric for lighting on Banyan Street. Lights are not to be hung or draped on trees or vegetation.
- Do not hang lights or anything with weight from wooden trusses in the

Parking Areas:

- Overflow Parking permitted at the Boca Grande Community Center

Special Arrangements:

- As of 5/7/21, A Safety Plan is no longer required.
- 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 will be informed in writing that your wedding is taking place on Banyan Street by a Lee County Parks & Recreation representative
- All wedding guests and participants must stay on county property at all times.

Print Name:

JESSE LAVENDER

Joe Wier

Signature:

*Jesse Lavender*

*Joseph R Wier*

Title:

Director

Supervisor

Date:

5/11/2021

5/11/21



**Lee County Event Permit Application**



**LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR  
2115 SECOND STREET  
FORT MYERS, FLORIDA 33901  
(239) 533-2221**

*Check the appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☒ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

**Insurance Requirements:** Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

**Special Arrangements:** A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

**Print Name:** Mike Figueroa

**Signature:**

**Title:** Risk Program Manager

**Date:** May 11, 2021

## **AGREEMENT FOR EXTRA-DUTY DETAIL SERVICES**

This Agreement for **Extra-Duty Detail Services** ("The Agreement" or "Agreement"), effective upon the date of LCSO's signature, is made by and between Sheriff Carmine Marceno, in his official capacity as Sheriff in and for Lee County, Florida and the Lee County Sheriff's Office (hereinafter "LCSO"), and Ortiz-Thorne Wedding, (hereinafter "Entity"), and collectively as "the parties", hereby agree as follows:

### **WITNESSETH:**

**WHEREAS**, Entity plans to engage in an event as set forth, and at a location set forth, in Exhibit A and desires, as a security measure, a law enforcement presence at said event; and

**WHEREAS**, the LCSO is willing to provide law enforcement personnel, acting in an extra-duty detail capacity, to provide services described herein and set forth in Exhibit A while wearing LCSO uniforms, utilizing LCSO vehicles, and other LCSO property; and

**WHEREAS**, Exhibit A attached hereto is a material part of the Agreement and is incorporated and merged as if fully set forth herein.

**NOW THEREFORE**, in consideration of the mutual covenants and obligations undertaken by the parties as contained herein, and for other good and valuable consideration, the parties hereto agree as follows:

#### **1. Authority.**

The Entity expressly represents it or they are legally authorized to bind the Entity. The Entity fully comprehends and acknowledges the LCSO is acting in reliance on this, as well as other representations the Entity has made to members of the LCSO. The Entity further expressly represents that it or they has/have acquired all necessary applicable permits to engage in the event for which they are requesting LCSO law enforcement personnel as set forth in **Exhibit A**.

#### **2. Description and Schedule of Event.**

The description of the event, including the time, place, and duration, are set forth in Exhibit A, which is attached hereto and incorporated as if full set forth herein.

#### **3. Term of Agreement.**

The term of this Agreement shall begin on the first day of the event and terminate on the last day of the event as set forth in Exhibit A.

4. **Assessment of Security Needs and Authority Retained by LCSO.**

The Entity understands and consents to the LCSO conducting an assessment of the security needs of the Entity for the event location set forth in Exhibit A. The Entity understands the assessment of the referenced security needs by the LCSO is conducted by the LCSO, at their sole and absolute discretion, to allow LCSO to determine the minimum number of extra-duty detail law enforcement personnel adequate for the event. The Entity acknowledges the assessment of security needs by LCSO as set out herein does not constitute a representation, promise, guarantee or warranty by LCSO that LCSO will be able to supply the minimum number of off-duty or extra-duty detail law enforcement personnel which LCSO determines are required.

The Entity understands the extra duty detail services provided to the Entity are intended to offer an immediate presence of uniformed, sworn law enforcement personnel and to, by their presence alone, serve to potentially deter unruly or unlawful behavior. The Entity fully understands and accepts that by LCSO providing extra duty detail services pursuant to this Agreement LCSO is not assuming any duties of protection or care to any persons who may or may not be present at the location of the event as set forth in Exhibit A. The Entity acknowledges the extra-duty detail services provided by LCSO are merely to serve as a supplement to other measures and/or care provided or taken by the Entity and the Entity specifically DOES NOT expect or rely on LCSO to exclusively assume any duties of care.

5. **Scheduling and Command.**

The primary duties and essential functions of law enforcement personnel providing extra-duty detail services shall be as assigned by LCSO command.

The selection and scheduling of the law enforcement personnel providing extra-duty detail services shall be in accordance with the practices and policies of LCSO.

6. **Termination of Agreement.**

As set forth in Exhibit A.

7. **Compensation.**

As set forth in Exhibit A.

8. **Independent Relationships.**

The parties to this Agreement are solely independent of each other and are contracting with each other for the sole purpose of the obligations set forth in the Agreement. Nothing in this Agreement shall create a partnership, joint venture, agency, or employer/employee relationship. Neither party may make, or undertake, any commitments or obligations on behalf of the other.

9. **Waiver of Terms and Conditions.**



The failure of LCSO to insist on any one or more instances of performance of any of the terms and conditions of this Agreement or to exercise any right or privilege contained in this Agreement, or the waiver of any breach of the terms and conditions of this Agreement, shall not be considered as having waived any such terms, conditions, rights or privileges of the Agreement, and the same shall continue and remain in force and effect.

10. **Severability.**

It is the intention of the parties that this Agreement is in compliance with all relevant state and federal statutes, regulations, and governmental agency guidelines governing the relationship between the parties at the time of execution. If any provision of this Agreement is subsequently rendered invalid or unenforceable by any local, state or federal statute or regulation, or declared null and void by any court of competent jurisdiction, the remaining provisions of this Agreement will remain in full force and effect.

11. **Third Party Beneficiaries.**

This Agreement is intended solely for the benefit of the parties hereto and shall not, directly or by implication, create any rights, claims, obligations, or duties to any third party not a signatory to this Agreement.

12. **Assignment.**

This Agreement shall not be assigned in whole or in part by either party without the express prior written consent of the other party.

13. **Binding Effect.**

This Agreement shall be binding upon the parties hereto and shall inure to the benefit of the Entity or the LCSO, as applicable.

14. **Governing Law.**

This Agreement shall be controlled, interpreted, construed, and enforced in accordance with the laws of the State of Florida without regard to conflict of laws. The exclusive venue for any dispute arising out of this Agreement shall be in a court of competent jurisdiction in Lee County, Florida.

15. **Titles or Captions.**

The paragraph titles or captions contained in this Agreement are inserted only as a matter of convenience and for reference and in no way define, limit, extend, modify, amplify, or describe the scope of this Agreement or the intent of any provision hereof.

16. **Draftsmanship.**

Any conflict in the terms of this Agreement shall be construed in favor of LCSO.

17. **Amendments.**

This Agreement may only be modified or amended by the mutual written agreement of the parties. Any such modification or amendment shall be signed by each party and shall be attached to and become a part of this Agreement.

18. **Indemnification.**

The Entity agrees to indemnify and hold harmless LCSO, and its employees, volunteers, and agents for and from any and all claims (direct or derivative), damages, costs, expenses, demands of whatsoever kind or nature, and causes of action, arising from or related to the Entity's performance, nonperformance, action(s), omission(s), or failure to act related to any duty or obligation imposed upon LCSO pursuant to the Agreement. This indemnification obligation shall not be subject to any limitation as to the amount or type of recovery sought, or, on the amount or type of insurance coverage secured by the Entity. Further, the Entity shall require all their insurance carriers, with respect to all insurance policies to which they are a party, to waive all rights of subrogation against LCSO incidental to the extra-duty detail service described herein.

19. **Sovereign Immunity.**

Nothing herein contained in this Agreement is intended, nor shall be construed, to waive any of the limitations of liability and other defenses provided by sovereign immunity and the strict financial limitations set forth in Florida Statute 768.28.

20. **Extra-Duty Detail Indemnification.**

Nothing contained in this Agreement shall in any way limit or impeded application of the indemnification language in Florida Statute 30.2905.

21. **Recitals/Entire Agreement.**

The recitals above are incorporated herein as if fully restated. This Agreement constitutes the entire agreement between the parties hereto and supersedes all prior oral or written agreements, representations, statements, negotiations, understandings, proposals, and undertakings with respect to the subject matter hereof.

IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the day and year first written above.

ENTITY

Ortiz-Thorne Wedding

3628 Ponce De Leon Blvd North Port FL 34291

By: Noemi Campos

Print Name: Noemi Campos

Date: 05/25/2021

CARMINE MARCENO, SHERIFF O/BO/  
THE LEE COUNTY SHERIFF'S  
OFFICE

By: Lt. Steven T Brady  
Sheriff/Designee

Print Name: Steven Brady

Date: 5-26-21



Noemi Campos  
3628 Ponce De Leon Blvd  
North Port, FL 34291

## Specialty Insurance Products

Insurance Policy Number: OLP1061065

**Tel.** (800) 364-2433

**Email** support@rvnuccio.com

**Online** rvnuccio.com

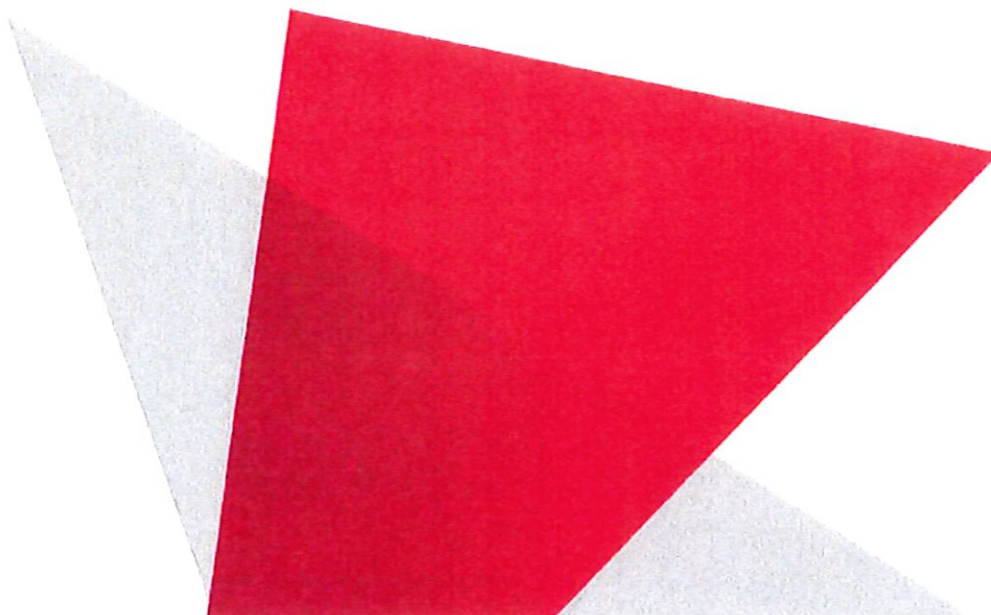
**Office** 10148 Riverside Drive  
Toluca Lake, CA 91602

## Your Insurance Policy

### What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/04/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> R V Nuccio and Associates 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Robert V. Nuccio <b>PHONE (A/C, No, Ext):</b> (800) 364-2433 <b>FAX (A/C, No):</b> (818) 980-1595 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com																					
<b>INSURED</b> Noemi Campos 3628 Ponce De Leon Blvd North Port, FL 34291	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Fireman's Fund Insurance Company	21873	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Incl  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	✓	OLP1061065	08/21/2021	08/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ None PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Date of Event: From 12:01AM on 08/21/2021 to 12:01AM 08/23/2021

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

Additional Insured: Lee County Board of County Commissioners Wording: Lee County BoCC, a political subdivision &amp; Charter County of the state of Florida are additionally insured on the general liability as required by written contract.

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

**CERTIFICATE HOLDER****CANCELLATION**Lee County Board of County Commissioners  
P.O. Box 398  
Ft. Myers, FL 33902

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio



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REVISION NUMBER:

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## CERTIFICATE HOLDER

Lee County Board of County Commissioners

P.O. Box 398

Ft. Myers, FL 33902

OK 05/11/2021

## 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.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

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

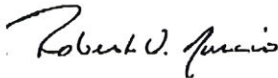
**Policy Number:** OLP1061065

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)**

<b>01. Additional Insured Name</b>	<b>Lee County Board of County Commisioners</b>	<b>02. Additional Insured Name</b>	<b>Lee County Board of County Commisioners</b>
Street Address	<b>P.O. Box 398</b>	Street Address	<b>P.O. Box 398</b>
City	<b>Ft Myers</b>	City	<b>Ft Myers</b>
State	<b>FL</b>	State	<b>FL</b>
Zip Code	<b>33902</b>	Zip Code	<b>33902</b>
Effective Date	<b>12:01AM on 08/21/2021</b>	Effective Date	<b>12:01AM on 08/21/2021</b>

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



Robert V. Nuccio  
Authorized Signature





## **PRIVATE EVENT CANCELLATION INSURANCE / Declarations**

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**Issuing Company**

Fireman's Fund Insurance Company  
777 San Marin Drive  
Novato, CA 94998-2000  
1-800-ENGAGED

**Program Administrator**

R.V. Nuccio & Associates Insurance Brokers, Inc.  
10148 Riverside Drive, 2nd Floor  
Toluca Lake, CA 91602  
**Policy Number:** OLP1061065

---

**Part 1 - General Information****01. Named Insured and Address:**

Noemi Campos  
3628 Ponce De Leon Blvd  
North Port, FL 34291

**02. Honoree 1 Name and Address:**

Caitlyn Thorne  
2173 Penguin Ln  
North Port, FL 34286

**03. Honoree 2 Name and Address:**

Joestin Ortiz  
2173 Penguin Ln  
North Port, FL 34286

**04. Private Event Ceremony Site And Date:**

Banyan Street  
Banyan St  
Boca Grande, FL 33921  
Date: 08/21/2021

**05. Private Event Reception Site And Date:**

Louise Dupont Crowninshield Community House  
131 1st St W  
Boca Grande, FL 33921  
Date: 08/21/2021

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**Part 2 - Policy Period**

Inception Date 05/05/2021 12:01a.m. to Expiration Date 08/23/2021 12:01a.m. Standard Time at the  
**Named Insured's** address as stated above.

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**Part 3 - Private Event Type**

Event Type: Wedding

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**Part 4 - Forms and Endorsements Attached**

01. See attached



**PRIVATE EVENT CANCELLATION INSURANCE / Declarations (cont'd.)**

**Issuing Company**  
Fireman's Fund Insurance Company  
777 San Marin Drive  
Novato, CA 94998-2000  
1-800-ENGAGED

**Program Administrator**  
R.V. Nuccio & Associates Insurance Brokers, Inc.  
10148 Riverside Drive, 2nd Floor  
Toluca Lake, CA 91602  
**Policy Number:** OLP1061065

**Part 5 - Coverages**

**Section I Private Event Cancellation Insurance Property Coverage**

Coverage	Deductible		Limit of Insurance
01. Cancellation or Postponement	\$25.00	Aggregate	\$1,000.00
02. Additional Expense	\$25.00	Aggregate	\$250.00
03. Photographs and Video		Aggregate	Not Covered
04. Gifts Cash or Check Limit \$325		Aggregate	Not Covered
05. Rented Property		Aggregate	Not Covered
06. Special Attire		Aggregate	Not Covered
07. Jewelry		Aggregate	Not Covered
08. Loss of Deposits		Aggregate	Not Covered
09. Professional Counseling		Aggregate	Not Covered

**Section II Private Event Cancellation Insurance Liability Coverage**

01. Liability (Primary)	\$1,000	Occur./Agg.	\$1,000,000/\$2,000,000
02. Medical Payments to Others		Each Person	Not Covered
03. Contractual Liability (Sublimit)			\$250,000.00
04. Waiver of Subrogation			Not Covered

Subtotal	\$95.00
State Guarantee Fund	\$0.00

**TOTAL \$95.00**

**PRIVATE EVENT INSURANCE / Receipt**

Date 05/04/2021

**Insured Information**

Insured Name	Noemi Campos
Insured Address	3628 Ponce De Leon Blvd North Port, FL 34291
Insured Phone Number	9412379803
Insured E-mail Address	noemicampos2223@yahoo.com
Policy Period	From 12:01AM on 05/05/2021 to 12:01AM 08/23/2021 Standard Time at the Insured's address shown above
Event Type	Wedding
Policy Number	OLP1061065
ID Number	1319536

**Policy Information**

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

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

**PAYMENT TERMS**

Paid by: Credit Card

## **PRIVATE EVENT INSURANCE / APPLICATION SUMMARY**

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### **Applicant Information**

Name: Noemi Campos  
Address: 3628 Ponce De Leon Blvd, North Port, FL 34291, United States  
Contact Phone: 9412379803  
Email: noemicampos2223@yahoo.com  
Relationship to Honoree(s): Relative of Honoree  
Policy Number: OLP1061065

---

### **Honoree Information**

Honoree 1 Name: Caitlyn Thorne  
Honoree 1 Address: 2173 Penguin Ln, North Port, FL 34286, United States  
  
Honoree 2 Name: Joestin Ortiz  
Honoree 2 Address: 2173 Penguin Ln, North Port, FL 34286, United States

---

### **Event Information**

Event Attendance: 60

#### **Event 1**

Event Type: Wedding Reception  
Date of Event: 08/21/2021  
Is the event being held on a cruise ship? No  
Event Site Name: Louise Dupont Crowninshield Community House  
Event Address: 131 1st St W, Boca Grande, FL 33921, United States  
Does this event location require that you name them on a liability policy as an Additional Insured/Certificate Holder? Yes

#### **Event 2**

Event Type: Wedding  
Date of Event: 08/21/2021  
Is the event being held on a cruise ship? No  
Event Site Name: Banyan Street  
Event Address: Banyan St, Boca Grande, FL 33921, United States  
Does this event location require that you name them on a liability policy as an Additional Insured/Certificate Holder? Yes

---

### **Coverages**

#### **LIABILITY COVERAGE**

Liability Coverage Limit: \$1,000,000/\$2,000,000 occ/agg  
Medical Payments Coverage Option: None  
Property Damage Deductible: \$1,000

#### **CANCELLATION/POSTPONEMENT COVERAGE**

Cancellation/Postponement Coverage Limit: \$1,000.00  
Additional Expense Coverage Limit: \$250.00  
Coverage Deductible: \$25.00

#### **GIFTS COVERAGE**

No coverage

#### **JEWELRY COVERAGE**

No coverage

#### **LOSS OF DEPOSITS COVERAGE**

No coverage

#### **PHOTOGRAPHS AND VIDEO COVERAGE**

No coverage



**PRIVATE EVENT INSURANCE / APPLICATION SUMMARY (cont'd.)**

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**PROFESSIONAL COUNSELING COVERAGE**

No coverage

**RENTED PROPERTY COVERAGE**

No coverage

**SPECIAL ATTIRE COVERAGE**

No coverage

---

**Insurance Certificates**

**Certificate 1**

Certificate Holder Name: Lee County Board of County Commissioners  
Address: P.O. Box 398, Ft Myers, FL 33902, United States  
Additional Insured Language:

**Certificate 2**

Certificate Holder Name: Lee County Board of County Commissioners  
Address: P.O. Box 398, Ft Myers, FL 33902, United States  
Additional Insured Language:

---

**Acknowledgements and Electronic Signature**

Do you understand and agree that you, the named insured/applicant, are not a concessionaire, vendor, exhibitor, or facility (ex: photographer, DJ, event planner, caterer, facility)? Yes

Do you understand and agree that any loss or claim caused directly or indirectly by, in consequence of, contributed to, aggravated by, or resulting in any way from the SARS-COV-2/COVID-19/Corona Virus or any derivation, mutation or variant thereof, now or at any time into the near or far future, is NOT covered by this policy? Yes

I understand and agree that the policy will not provide any coverage for Bodily Injury, Property Damage, Personal Injury, or Medical Payments if the Private Event Type or any other application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated, or wrongly stated at the time of application. I understand and agree that by entering my name below, I am effectively signing this application for insurance. Yes

**Electronic Signature**

Noemi Campos  
Date signed: 05/04/2021

---

**Payment**

Paid by Credit Card xxxx-xxxx-xxxx-1152





## PRIVATE EVENT INSURANCE QUOTE

Underwritten by Fireman's Fund Insurance Company

Date: 05/04/2021

<b>Applicant Name</b>	Noemi Campos
<b>Event Type</b>	Wedding (Rehearsal, Rehearsal Dinner, Ceremony, Reception)
<b>Proposed Coverage Dates</b>	From 12:01AM on 05/05/2021 to 12:01AM 08/23/2021

Coverage Options	Limit / Deductible
Liability & Property Damage <i>Host Liquor Liability Included</i>	\$1,000,000/\$2,000,000 Occ/Agg - Deductible \$1,000
Medical Payments to Others	Not Covered
Cancellation / Postponement	\$1,000.00 - Deductible \$25
Additional Expense Limit	\$250.00 - Deductible \$25
Change of Heart	Not Covered
Photographs and Video	Not Covered
Gifts	Not Covered
Special Attire	Not Covered
Jewelry	Not Covered
Loss of Deposits	Not Covered
Professional Counseling	Not Covered
Rented Property	Not Covered

<b>Subtotal</b>	\$95.00
RVNA, Inc. Corporate Charge	\$30.00
<b>TOTAL</b>	<b>\$125.00</b>

For any questions, please contact R.V. Nuccio & Associates, Inc. at 1-800-364-2433 or visit [Wedsure.com](http://Wedsure.com).

### Notes

- Coverage for weekend events must be purchased by 4PM PT Friday.
- Prices are subject to change without notice.
- Unless otherwise disclosed in your quotation letter, our professional fees are normally based upon a commission, which is calculated by applying a percentage against the collected premium and paid to us by an insurance company. Additionally, RVNA may receive compensation from an insurance company which is based upon premium volume, growth and loss experience. After you have reviewed your quotation letter, you have no obligation to purchase insurance from us. Should you ultimately choose to do so, you are agreeing to all of the charges displayed within your quotation letter.
- For complete coverage terms, conditions and exclusions, please review your policy, also available online.
- Coverage will not be bound until receipt of full payment and underwriter approval.

**Carmine Marceno**  
**Sheriff**



**State of Florida**  
**County of Lee**

**"Proud to Serve"**

**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:**

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

*Details are charged a \$15 per deputy 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 unarmed 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) <u>2</u>	Total Hours <u>4 each</u>	Rate per Hour <u>\$58 each</u>	Vehicle Rate <u>Waived</u>
Supervisory Deputy(ies) _____	Total Hours _____	Rate per Hour _____	Vehicle Rate _____
<u>Noemi Campos</u>			
Entity _____			



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



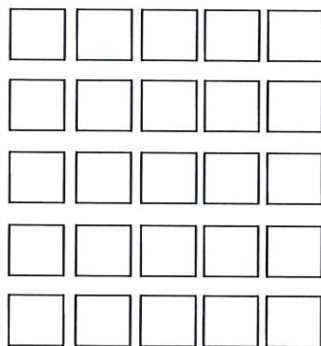
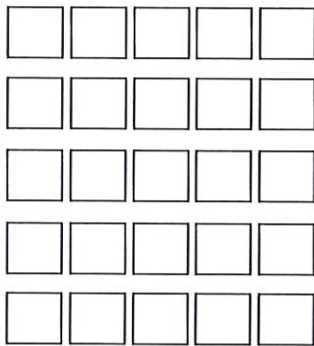
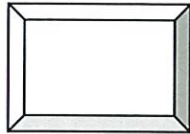
# Detail Request Form - continued

LCSO Details Main Phone Number: 239-477-1199		
Vendor Information		
Business Name: <u>Ortiz- Thorne Wedding</u>		
Street: <u>3628 Ponce De Leon Blvd</u>		
City: <u>North Port</u>	State: <u>FL</u>	Zip Code: <u>34291</u>
Business Contact: <u>Noemi Campos</u>		Phone: <u>941-237-9803</u>
Email Address: <u>noemicampos2223@yahoo.com</u>		
Event Information		
Detail Location: <u>Banyan Street Between Park and Gilchrist</u>		
Street: _____		
City: <u>Boca Grande</u>	State: <u>FL</u>	Zip Code: _____
Contact During Event: <u>Noemi Campos</u>		Phone: <u>941-237-9803</u>
Event Date: <u>08/21/21</u>	Event Time: <u>4p-8p</u>	
Anticipated Crowd Size : <u>50-60 - 80</u>		Type of Event: <u>Wedding</u>
Additional Security Working Detail: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how many? _____		
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alcohol Served: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Detail Information		
Security <input type="checkbox"/>	Traffic <input checked="" type="checkbox"/>	Prisoner Transport <input type="checkbox"/>
Escort <input type="checkbox"/>	Holiday <input type="checkbox"/>	Funeral Escort <input type="checkbox"/>
Last Minute <input type="checkbox"/>	Stand-by <input type="checkbox"/>	
Marked Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Uniformed Deputy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.		



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# Gilchrist Ave.



CHAIRS =

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# Park Ave.



