



# EVENT PERMIT

Ordinance 17-08



## YOUTH FOOTBALL GAMES

**PERMIT NUMBER:** TMP2021-00162

**Date(s) of Event:** SEPTEMBER 25, 2021 THROUGH OCTOBER 16, 2021

Property Owner: LEE COUNTY

Applicant: ANNIE DAVIS  
233-823-8754

Description: YOUTH FALCONS FOOTBALL GAMES FROM  
SEPTEMBER 25, 2021 UNTIL OCTOBER 16, 2021 FROM 9:00AM UNTIL 10:00PM

Location of event: 9800 BUCKINGHAM RD, FORT MYERS, FL 33905  
**BUCKINGHAM PARK**

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

 9-24-21  
County Manager Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

*Youth Falcons Football*

*TMP2021-00162*

# Lee County Event Permit Application



## Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	Youth Football Games
Date(s) of Event / Production:	09115-21 9/25/21 10/16/21
Location(s) of Event:	9800 Buckingham park
Name of Applicant:	Annie Davis
Applicant Address:	3203 26 Street SW lehigh acres
Applicant Phone Number:	239-823-8754
Contact Person: (If different from applicant)	Annie davis
Contact Phone Number: (If different from applicant)	239-823-8754
Email Address:	annierd@leeschools.net
Estimated Attendance:	250-300
Event Description: Include each activity, when activities take place, etc.	Tents ,vendors and etc food drinks
Hours of Operation:	9 am-10pm
STRAP # of Parcel:	11-22-33 A1 000 10-0008
Owner of Premises*:	lee county Government

\*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?

Park

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: legency financial

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:

3203 26 street sw

Type of Food being Served: hamburger hotdogs fruits cups chicken etc

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Fort myers Falcons inc

### 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)

85-8018411527C-0

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



# Lee County Event Permit Application



Type of Production (choose all that apply):

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

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

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

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

Special Parking Requirements:

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

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

Number in Cast: \_\_\_\_\_ Number in Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_  
 Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_  
 Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights

## 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.

Signature of Applicant

Witness

Annie Davis Treasurer

Print Name of Applicant and Title

Print Name of Witness

09-15-21

Date

Date

## 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.

Signature of Applicant

Witness

Annie Davis Treasurer

Print Name of Applicant and Title

Print Name of Witness

09-15-21

Date

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:

To be handled by event staff. If a large crowd is anticipated, additional deputies should be hired to contain and limit any parking issues.

Deputies (How Many?):

2 deputies required per game. This permit page and the detail request form have been filled out according to the schedule that was provided on the application and does not include any additional play off games. Additional games that need be added to the schedule at a later date should be submitted via email to the Lee County Sheriff's Office Details units no later than one week in advance.

Fee for Services:

There is a four hour minimum per deputy on all LCSO details. Contact the Lee County Sheriff's Office Details Unit for cost.

Special Arrangements:

Details will need to be paid for in advance no less than one week prior to the start of each game. If the detail is not paid for in advance, Lee County Parks & Rec will be notified and cancellation of the event may be the result. LCSO is not responsible for seeking out payments. The league is responsible for confirming game dates and times prior to the start of the event to ensure proper coverage. The league is responsible for any time worked by deputies over the scheduled detail times. All changes/additions to game dates or times must be done by email to the Details Unit. Should any game be cancelled/rescheduled, it is the responsibility of the league to notify the Details Unit via email with 24 hour notice. Failure to do so will result in full charge.

Print Name: Captain S. Brady

Signature:

*Capt. Steven J. Brady*

Title:

Special Events, Permits and Details

Date:

9/17/21



## 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?)

Fee for Services:

Flammable Vegetation:

First Aid Equipment:

Fire Extinguishing:

Special Arrangements:

Print Name:

Robert J. Morgan

Signature:

*[Handwritten Signature]*

Title:

Battalion chief

Date:

9/16/21

## 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, ou=Lee County Emergency Medical Services, Lee County Public Safety  
ou=Division Chief, Special Operations and Support Services, email=dhiggins@leegov.com, c=US  
Date: 2021.09.17 15:21:48 -0400

Title: Division Chief

Date: September 17, 2021

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580

Check the appropriate box(es) below:

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

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

Parking:

No event parking permitted on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan Miller

Digitally signed by Bryan Miller  
Date: 2021.09.16 11:52:23 -04'00'

Title: Senior Project Manager

Date: September 16, 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:

Field lights will be turned off by 11 pm on Saturday nights

Parking Areas:

Must create a parking plan to ensure that all streets and driveways remain open and clear for emergency vehicles to access the park property.

Special Arrangements:

Event organizer is responsible to provide adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. Follow established guidelines set by the Lee County Sheriff's office. Follow the Youth League Agreement as per Building, Fire and Life Safety codes as well as Ordinance 18-12 and 18-27.

Participants and spectators must disperse and leave the park area to seek safe shelter in their vehicles during lightning alerts and threatening weather.

Print Name: Alise Flanjack

Signature:

*Alise Flanjack*

Title:

Deputy Director

Date:

*Sept. 16, 2021*

*Fort Myers Falcons  
Buckingham Park  
9/25; 10/16(?)*

*10/16*



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  
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☐ FILM PERMIT

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

Insurance Requirements:

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

Special Arrangements:

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

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

September 16, 2021





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/16/2021

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> LEAVE A LEGACY, LLC 5004 E FOWLER AVE C258 TAMPA FL 33617	<b>CONTACT NAME:</b> Kia Johnson	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b> 813-847-9979	<b>E-MAIL ADDRESS:</b> kiaj@alfinancial.com	
<b>INSURED</b> J&J YOUTH SPORTS INDUSTRIES 10203 CONNECHUSSETT RD N TAMPA FL 33617 ATTN: AUBRETTE JOHNSON	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> ALIVE RISK(A DIVISION OF ALL RISKS, LTD)		
	<b>INSURER B:</b> RSG UNDERWRITING		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			LLB-589634	07/02/2021	07/02/2022	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> <b>ATHLETIC PARTICIPANT LEGAL LIABILITY</b>						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	<b>OTHER:</b> Excess Accident Medical			EXJK-47723609	07/02/2021	07/02/2022	LIMIT DEDUCTIBLE	25,000 250

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

CERTIFICATE OF TEAMS  
FT MYERS FALCONS (6U, 8U, 10U, 12U, 14U)

CERTIFICATE SPECIFICALLY RELATES TO PRACTICES AND GAMES OF REGISTERED AND ROSTERED PLAYERS, CHEERLEADERS AND VOLUNTEERS OF J&amp;J YOUTH SPORTS INDUSTRIES.

LEE COUNTY BOARD OF COUNTY COMMISSIONERS (P.O. Box 398, Fort Myers, FL 33902) is named as Additional insured.

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

OK 09/16/2021

**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



**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 _____	Rate per Hour <u>\$48</u>	Vehicle Rate <u>Waived</u>
Supervisory Deputy(ies) _____	Total Hours _____	Rate per Hour _____	Vehicle Rate _____
 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**

ENTITY

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

Fort Myers Falcons

3203 26th St SW Lehigh Acres FL 33936

By: 

By: \_\_\_\_\_

Sheriff/Designee

Print Name: Annie Davis

Print Name: \_\_\_\_\_

Date: 9/20/21

Date: \_\_\_\_\_

<b>LCSO Details Main Phone Number: 239-477-1199</b>	
<b>Vendor Information</b>	
Business Name: <u>Fort Myers Falcons</u>	
Street: <u>3203 26th St SW</u>	
City: <u>Lehigh Acres</u>	
State: <u>FL</u>	
Zip Code: <u>33919</u>	
Phone: <u>239-823-8754</u>	
Business Contact: <u>Annie Davis</u>	
Email Address: <u>annierd@leeschools.net</u>	
<b>Event Information</b>	
Detail Location: <u>Buckingham Park</u>	
Street: <u>9800 Buckingham Rd</u>	
City: <u>Fort Myers</u>	
State: <u>FL</u>	
Zip Code: <u>33919</u>	
Contact During Event: <u>Annie Davis</u>	
Phone: <u>239-823-8754</u>	
Event Date: <u>09/25/21</u>	
Event Time: <u>10a-6p</u>	
Anticipated Crowd Size: <u>Pop Warner Football Games</u>	
Type of Event: <u>Pop Warner Football Games</u>	
Additional Security Working Detail: <input checked="" type="checkbox"/> Yes <input 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	
<b>Detail Information</b>	
Details will be paid at least 1 week prior to each game. If detail is not paid in advance, Parks & Rec will be notified & event may be canceled. LCSO is not responsible for seeking out payment. League is responsible for confirming dates/times prior to start of event to ensure proper coverage. League is done by email to Details Unit. Should game be canceled/rescheduled, it is the responsibility of the league to notify Details Unit via email 24 hrs in advance. Failure to do so will result in full charge.	
Detail Description:	
Security <input checked="" type="checkbox"/>	Traffic <input type="checkbox"/>
Escort <input type="checkbox"/>	Holiday <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
Prisoner Transport <input type="checkbox"/>	
Funeral Escort <input type="checkbox"/>	

