

EVENT PERMIT



Ordinance 17-08

SALT SERIES SOUTHERN CROSS

PERMIT NUMBER: TMP2021-00219

Date(s) of Event: DECEMBER 4, 2021

Property Owner:

LEE COUNTY

Applicant:

MATT DUNN

904-303-0552

Description:

SALT SERIES SOUTHERN CROSS 1K AND 5K OPEN WATER SWIMMING

RACES ON DECEMBER 4, 2021 FROM 5:00AM UNTIL 12:00PM

Location of event:

950 ESTERO BLVD, FORT MYERS BEACH, FL 33931

LYNN HALL PARK

Will the event be attended by 1000 or more people? No

Will the event be held on County Owned Property?

Will there be alcohol consumed or sold at the event?

Will a bond be posted for this event?

No

No

Yes

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

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

SALT-Series Southern Goss

TMP2021-00219



Event Application

Check	the appropriate box(es) below:
	SPECIAL EVENT PERMIT
	区 USE OF COUNTY PROPERTY PERMIT
	FERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	FILM PERMIT

Section I - GENERAL INF	FORMATION (All Permit Types)
Title of Event / Name of Production	SALT Series Southern Cross
Date(s) of Event / Production:	December 4, 2021
Location(s) of Event:	Lynn Hall Park, 950 Estero Blvd. Fort Myers Beach FL
Name of Applicant:	Matt Dunn / Casey Taker
Applicant Address:	1093 A1A Beach Blvd #118 St. Augustine Beach FL 32080
Applicant Phone Number:	904-303-0552 (Matt Dunn)
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	matt@saltysportssociety.com
Estimated Attendance:	150 (125 Swimmers, 25 Spectators)
Event Description: Include each activity, when activities take place, etc.	1 Mile and 5K Open Water Swimming races
Hours of Operation:	5:00 am – 12:00 pm
STRAP # of Parcel:	
Owner of Premises*:	Lee County Parks & Recreation

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



Fill out the following questions for all permit types:

What is the Zoning Classification of the	premises? Lee County Facility	
Are any temporary structures to be inst	alled for the event? Yes No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.	y Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company Insuring the Event:	HMBD Insurance Co.	
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me and Address):	
Will Vehicles be Used as Part of this Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes 📈 No	☐ Yes 🗵 No	∏ Yes 🔀 No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:		
Type of Food being Served:		
Section II - USE OF COUNTY PI	ROPERTY PERMIT	
Organization Sponsoring the Event:		
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	71
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num (Proof of registration with the Dept. of Agriculture	ber: & Consumer Services §496.405 or proof the organiz	cation is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cour	nty 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 numl (Required if alcohol is to be <u>SOLD</u> at the event)	per:	
Please note: A permit from the State of Florida D	ivision of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-0885 for

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant	Wine Task
Matthew C. Dunn	Casey Taker
Print Name of Applicant and Title	Print Name of Witness
8/13/21	8/13/21
Date	Date



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

	(239) 477-1199
Check the appropri	ate box(es) below:
SPECIAL EV	
·	PUNTY PROPERTY PERMIT
FILM PERA	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?);	None
Fee for Services:	None
Special Arrangements:	LCSO Marine Unit will provide assistance during the event for safety and security. Vendor will need to follow all special arrangements with Parks & Rec as indicated on their permit page.
,	
	Print Name: Steven Brachy
	Signature: Capt- Steve Brady
	Title: Special Events, Permits and Details
	Date: /0-6-2 i

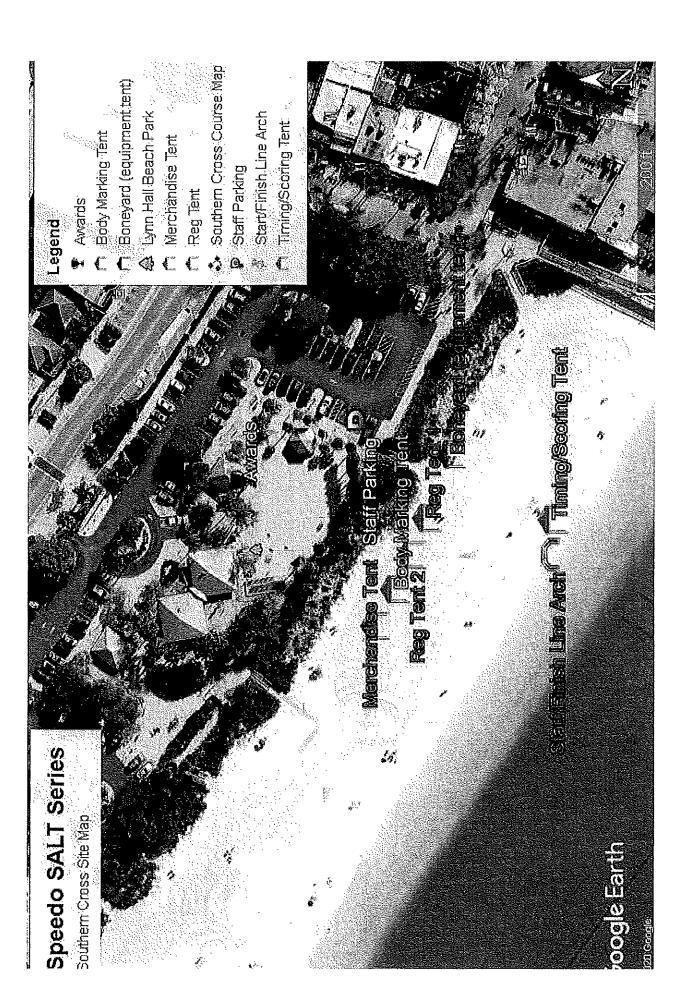


FIRE DEPARTMENT

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 appropri	ate box(es) be	low:			
☐ SPECIAL EV	ENT PERMIT				
☑ USE OF CO	UNTY PROPERTY	PERMIT			
FILM PERM	1IT				
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT,			
Fire Guards (How Many?)	N/A				
Fee for Services:	Invoiced				
Flammable Vegetation:	Not Permitted				
First Aid Equipment:	FMB Ambulance for Standby				
Fire Extinguishing:	None				
l. Special Arrangements:	None				
I.	Print Name:	Jennifer Campbell			
	Signature:	Dennifer Campbell			
	Title:	Life Safety Official			
	Date:	9-16-21			





EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check the appropri	iate box(es) belo	w:			
Γ΄ SPECIAL E\	VENT PERMIT				
ズ USE OF CC	OUNTY PROPERTY P	ERMIT			
FILM PERN	/ IIT				
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION / WITH FOR THEIR EVENT.			
Treatment Facilities:	See Special Arrange	ments below.			
Medical Personnel:	See Special Arrange	ments below.			
Medical Supplies / Equipment:	See Special Arrangements below.				
Safety Requirements:	See Special Arrangements below.				
Fee for Services	See Special Arranger	ments below.			
Special Arrangements: EMS defers to Fort Myers Beach Fire District for specifying EMS coverage for this event, as it their response district. Their department can be contacted at (239) 590-4200.					
	Print Name:	Douglas B. Higgins			
	Signature:	Douglas B. Higgins			
	Title:	Division Chief			
	Date:	August 23, 2021			



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

Check the appropri	iate box(es) be	low:		
SPECIAL EV	VENT PERMIT			
⊠ USE OF CO	UNTY PROPERTY	' PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BE	verages within lee count	TY FACILITIES
FILM PERN	ЛIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			LOW WHAT ARRANGEMENT EVENT.	'S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking	on any portion of Lee County ma	intained road rights-of-way
Ingress and Egress:	Use all established	means of ingress and eq	gress,	
Special Arrangements:	None.			
	Print Name:	Bryan Miller		_
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2021.08.19 08:25:02 -04'00'	••
	Title:	Senior Project Manager	•	-
	Date:	August 19, 2021		_



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropr	iate box(es) be	elow:
SPECIAL E	VENT PERMIT	
⊠ USE OF CO	OUNTY PROPERTY	Y PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERI	MIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Supplemental ligi Dec 4, 2021.	hting (head lamps) may be used during pre-dawn hours for set up as needed on
Parking Areas:	will be guided to the	tilize the Lynn Hall Parking lot on a first come first serve basis. Any overflow parking he Town's paid parking lots under the bridge and the private parking lot by Winds. s will be staying on the beach and will walk to Lynn Hall Park.
Special Arrangements:	followed as approved the staff/volunteers the debris clean up debris collection area duparticipants and specific participants are provided to the specific participants and specific participants are participants and specific participants and specific participants are participants and specific participants and specific participants are partic	nust provide adequate staff/Volunteers to ensure that the COVID Safety Plan is being yed and per CDC guidelines. The event organizer and Parks staff will provide adequate proughout the day for Safety/First Aid stations, course monitoring, litter control and luring and after the event. Work with the on-site County Park staff for debris/trash uring and after the event. pectators must disperse and leave the park/beach area to seek safe shelter in their phtning alerts and threatening weather.
	Print Name:	Alise Flanjack
	Signature:	Abse Flanck
	Title:	Deputy Director
	Date:	10/21/2021



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

Check the appropria	te box(es) be	low:
SPECIAL EVE SUSE OF COU PERMIT TO S FILM PERMI	NTY PROPERTY ELL AND CONS	PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name: Signature: Title: Date:	Mike Figueroa My Join Risk Program Manager October 4, 2021



HUB INTERNATIONAL INSURANCE SERVICES INC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/24/2021

FAX

(800) 272 4504

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).

CONTACT NAME:

PHONE

3033 E BROADWAT STE 200				(A/C, No, Ext):	(000) 2.2 .	(A/C, No):		
LONG BEACH, CA 90803-6035				E-MAIL ADDRESS:				
(800) 272-4594			INSURER(S) AFFORDING COVERAGE				NAIC#	
			INSURER A:	United Stat	es Fire Insurance		21113	
INSURED SPORTS AND RECREATION PRO ITS PARTICIPATING MEMBERS		ASSOCIA	ATION (PURCHASING GROUP) AND	INSURER B:				
TO PARTION ATTIO MEMBERS			İ	INSURER C:				
Salty Sports Society, LLC			Ì	INSURER D:				
1093 A1A Beach Blvd. 118 ST AUGUSTINE BEACH, FL 3208	n			INSURER E :				
OT AGGGGTINE BEAGT, TE 3200				INSURER F:				
COVERAGES CE	RTIFIC	CATE	NUMBER: USP345455			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICE				FEN ISSUED TO			POLICY	PERIOD
INDICATED. NOTWITHSTANDING ANY THIS CERTIFICATE MAY BE ISSUED C TERMS, EXCLUSIONS AND CONDITIONS	REQUI	JIREME PERT	ENT, TERM OR CONDITION O TAIN, THE INSURANCE AFFOR	F ANY CONTRA	CT OR OTHE	R DOCUMENT WITH RESP CRIBED HEREIN IS SUBJE	ECT TO	O WHICH
INSR LTR TYPE OF INSURANCE	ADDL SI	SUBR WD	POLICYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000	0,000.00
X COMMERCIAL GENERAL LIABILITY	x					PRODUCTS - COMP/OP AGG	\$2,000	0,000.00
CLAIMS-MADE X OCCUR			12/04/2024	40/05/0004	PERSONAL & ADV INJURY	\$1,000,000.00		
A			SRPGAPML-101-0721	12/04/2021 12:01 AM	12/05/2021 12:01 AM	EACH OCCURRENCE	\$1,000	0,000.00
<u> </u>						FIRE DAMAGE (Any one fire)	\$300,0	00.00
GENL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$5,000	0.00
X POLICY PRO- JECT LOC		_						
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO						BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	\perp							
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION \$	\vdash							
						EACH OCCURRENCE	\$0.00	
						GENERAL AGGREGATE	\$0.00	
						EACH OCCURENCE	\$	
						GENERAL AGGREGATE	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Attach	n ACORD 101, Additional Remarks Sch	edule, if more space	is required)			

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of Commissioners

2120 Main Street Fort Myers, FL 33901 OK 10/04/2021

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

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

Hub International Insurance Services

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.