

EVENT PERMIT



Ordinance 17-08

Pine Island Art Association Annual Art Show And Sale PERMIT NUMBER: TMP2021-00255

Date(s) of Event: FEBRUARY 12, 2022 UNTIL FEBRUARY 13, 2022

Property Owner:

LEE COUNTY

Applicant:

SHARON TRAYLOR

239-770-1957

Description:

TWO DAY ART SHOW AND SALE FEBRUARY 12-FEBRUARY 13, 2022 FROM

8:00AM UNTIL 4:00PM

Location of event: 2000 NORTH RECREATION PARK WAY, NORTH FORT MYERS, FL 33903

NORTH FORT MYERS COMMUNITY PARK

Will the event be attended by 1000 or more people? Yes

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event? No

Will a bond be posted for this event? No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Pine Island Art Association Annual Art Show and Sale



Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INF	ection I - GENERAL INFORMATION (All Permit Types)				
Title of Event / Name of Production	Pine Island Art Association Annual Art Show and Sale				
Date(s) of Event / Production:	February 12-13, 2022				
Location(s) of Event:	North Fort Myers Recreation Center North Fort Myers, FL				
Name of Applicant:	Pine Island Art Association				
Applicant Address:	P.O. Box 136 Matlacha, FL 33993				
Applicant Phone Number:	239-283-4432				
Contact Person: (If different from applicant)	Sharon Traylor				
Contact Phone Number: (If different from applicant)	239-770-1957				
Email Address: smtraylo@gmail.com					
Estimated Attendance:	2500				
Event Description: Include each activity, when activities take place, etc.	Two-day art show and sale				
Hours of Operation:	8:00am - 4:00 pm				
STRAP # of Parcel:	35432400000011000				
Owner of Premises*:	Lee County				

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



Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises?	
Are any temporary structures to be insta	alled for the event? Yes No	Туре:
Do you have the appropriate permits for	the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	The Hartford	
Note: Certificate of Insurance must be submitted	d 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	▼ Yes No	☐ Yes
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 Me	embers of Pine Island Art Association	
Type of Food being Served: No Food		
Section II - USE OF COUNTY PR	ROPERTY PERMIT	
Organization Sponsoring the Event: Pin	e Island Art Association	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	<i>"</i> :
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture & C	Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	☐ Yes No Property.
Non-profit certificate/registration numl (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for



TV Movie o									
		-	eries / Pilot	Г	TV (Comme	rcial	Г	Still Photos
Public Servi	ce Announcement	Indus	trial / Documentary		Oth	er:			
ll any of the	following be neede	d or include	ed*?						
S	treet Closure					Yes	X	No	
Т	raffic / Crowd Con	trol			Г	Yes	X	No	
F	ire or Burning				Г	Yes	X	No	
E	xplosives or Pyrote	chnics			Г	Yes	X	No	
P	Animals, Large or Sr	mall			Г	Yes	X	No	
C	Construction of Any	Kind			Г	Yes	X	No	
L	arge and/or Nume	rous Vehicle	es		Г	Yes	X	No	
H	Helicopters, Boats,	etc.			Г	Yes	X	No	
S	Stunts				Γ	Yes	X	No	
C	Other				Г	Yes	X	No	
	ng Requirements: provided onsite								
Parking is	provided onsite	d: (Personn	el, equipment, facili	ties, et	c.)				
Parking is City or Count	provided onsite					tion in I	- Invid		rock the good and it is
Parking is City or Count	provided onsite	uired for lo		s on pr	oduc	possibl	e.		rack the economic impa
Parking is City or Count The following the industry.	provided onsite	uired for lo	cal and state record	s on pr	oduc	possibl	e.		rack the economic impa
Parking is City or Count The following the industry. Number in Cas	provided onsite	uired for lo	cal and state record le, please estimate	s on pr	oduc ely as	possibl Num	e.		•
Parking is City or Count	provided onsite	uired for lo	cal and state record le, please estimate Number in Crew:	s on pr as close	oduc ely as	possibl Num	e.		•

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SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.



SECTION V - AGREEMENT

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

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

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

Signature of Applicant	S. Oraylar Witness
Vicky J. Werner President Print Name of Applicant and Title	SHARON TRAYLOR Print Name of Witness
1///2021 Date	11/01/21 Date



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the appropriate box(es) below:
▼ SPECIAL EVENT PERMIT

JT FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICAN'T TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for the event will be in authorized areas only. Right of way must not be impeded.
Deputies (How Many?):	None required for this event.
Fee for Services:	None
Special Arrangements:	Any amplified sounds must adhere to Lee County noise ordinances.
	Print Name: Captain S. Brady Signature: Captain S. Brady
	Title: Special Events, Permits and Details
	Date: //-15-21



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) bel	ow:		
⊠ SPECIAL E\	ENT PERMIT			
IXI USE OF CO	UNTY PROPERTY	PERMIT		
FILM PERN	NIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PI	LEASE INDICATE E Y WITH FOR THEIF	BELOW WHAT ARRANGEN R EVENT.	1ENTS YOUR ORGANIZATION
Fire Guards (How Many?)				
Fee for Services:				
Flammable Vegetation:				
First Aid Equipment:			<u> </u>	
Fire Extinguishing:				
Special Arrangements:				
	Print Name:	Lloyd Adams	<i></i>	
	Signature:	16/	Man	
	Title:	Fire Inspector		
	Date:	11/2/2021		



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

Check the appropri	ate box(es) belo	w:
SPECIAL EV	ENT PERMIT	
☑ USE OF CO	UNTY PROPERTY P	ERMIT
FILM PERM	IIT	
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:		ow all CDC and FDOH directives, and the Florida Governor's Executive Orders and safety, especially with regards to COVID-19 and the number of people event.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Onto Douglas in Higgins O
	Title:	Division Chief
	Date:	November 1, 2021



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

Check the appropri	ate box(es) bei	ow:		
	UNTY PROPERTY		AGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM				
		LEASE INDICATE BELOV LY WITH FOR THEIR EVE	V WHAT ARRANGEMENT: NT.	S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking on I	ee County maintained road ri	ghts-of-way.
Ingress and Egress:	Use all established	means of ingress and egress	5,	
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance w	ith traffic control as needed.	
	Print Name:	Bryan Miller		-
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2021.11.02 08:24:54 -04'00'	-
	Title:	Senior Project Manager		-
	Date:	November 2, 2021		_



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

Check the appropri	ate box(es) bel	ow:
7 · · ·	OUNTY PROPERTY SELL AND CONSI	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	NA-Events will be h	eld during daytime hours.
Parking Areas:	Park in designated	parking spaces only. All parking is free at this location
Special Arrangements:	Coordinate set up a	and breakdown with supervisor of facility.
	Print Name: Signature:	Colleen Via
	Title:	Operations Manager
	Date:	11/23/2021

PINC Island Art Show N/FH Myers Rec. 2/12-13/2022 Page 110



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

Check the appropriate box(es) below: SPECIAL EVENT PERMIT □ USE OF COUNTY PROPERTY PERMIT PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES FILM PERMIT AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. 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: November 2, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2021

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 SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not

PRODUCER MCCRIEF INCLINANCE SERVICES INC	NOTE:	CONTACT NAME:			
CGRIFF INSURANCE SERVICES INC/PHS 2273438 ne Hartford Business Service Center	SIPHS	PHONE (A/C, No, Ext):	(866) 467-8730	FAX (A/C, No):	(888) 443-6112
3600 Wiseman Blvd San Antonio, TX 78251		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVE	RAGE	NAIC#
INSURED		INSURER A:	Hartford Casualty Insurance	Company	29424
PINE ISLAND ART ASSOC. INC		INSURER B:			
PO BOX 136 MATLACHA FL 33993-0136		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES C	ERTIFICATE NUMBER:		REVISION N	IMBER:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	
· THIS IS TO CERTIFY THAT T	HE POLICIES OF INSURANCE LISTED BELOW HAVE	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL	ICY PERIO
INDICATED.NOTWITHSTAND	ING ANY REQUIREMENT, TERM OR CONDITION OF	F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	WHICH THIS
CERTIFICATE MAY BE ICCI	IED OD MAY DECTAIN THE MOUDINGS AFFOR	DED BY THE BOLIGIES DESCRIPTION (MODELL) IS SHE WAY	

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.

LTR			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/Y YYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR X General Liability						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
A		X		22 SBM NH8593	05/18/2021	05/18/2022	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY_						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED NON-OWNED AUTOS UMBRELLA LIAB OCCUR						BODILY INJURY (Per person)	
100							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							EACH OCCURRENCE	
	EXCESS LIAB CLAIMS- MADE						AGGREGATE	
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						PER OTH- STATUTE ER	
							E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE -EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
A	FAIRL OVALENT DRACTICES			22 SBM NH8593	05/18/2021	05/18/2022	Each Claim Limit	\$5,000
	LIABILITY				000.2021		Aggregate Limit	\$5,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

Lee County Board of **County Commissioners**

PO BOX 398

FORT MYERS FL 33902-0398

OK 11/02/2021

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

CANCELLATION

Sugar S. Castaneda

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LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriat	e box(es) below:
FILM PERMIT	ONLY
	PLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ANT TO COMPLY WITH FOR THEIR EVENT.
Special Arrangements:	
Other:	
	Print Name: Signature: Title:



