





ISLANDFEST-MULLET TOSS & SEAFOOD FESTIVAL

PERMIT NUMBER: TMP2022-00035

Date(s) of Event: APRIL 23, 2022

Property Owner:

LEE COUNTY

Applicant:

BETH SOWERS

239-283-0888

Description:

NON PROFIT FUNDRAISER WITH VENDORS, MUSIC, FISH TOSSING

COMPETITION, PAPER FISH DROP

ON APRIL 23, 2022 FROM 10:00AM UNTIL 6:00PM

Location of event:

5675 SESAME DR, BOKEELIA, FL 33922

PHILLIPS 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?

Sold and 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 D

ftmpprmt_specialevent.rpt



EVENT PERMIT



Ordinance 17-08

ISLANDFEST-MULLET TOSS & SEAFOOD FESTIVAL

PERMIT NUMBER: TMP2022-00035

Date(s) of Event: MARCH 12, 2022

Property Owner:

LEE COUNTY

Applicant:

BETH SOWERS

239-283-0888

Description:

NON PROFIT FUNDRAISER WITH VENDORS, MUSIC, FISH TOSSING New date

COMPETITION, PAPER FISH DROP

ON MARCH 12, 2022 FROM 10:00AM UNTIL 6:00PM

Location of event:

5675 SESAME DR, BOKEELIA, FL 33922

PHILLIPS 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?

Sold and Consumed

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Board of County Commissioners Lee County, Florida

ftmpprmt_specialevent.rpt

1/27/27



Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INFO	RMATION (All Permit Types)
Fitle of Event / Name of Production	Islandfest - Mullet Toss & Seafood Festival
Date(s) of Event / Production:	March 12, 2022 April 23, 2022
Location(s) of Event:	The state of the s
Name of Applicant:	Greater Pine Island Chamber of Commerce
Applicant Address:	PO BOX 325 MAHACHA, FL 33993
Applicant Phone Number:	239-283-0888
Contact Person: (If different from applicant)	Beth Sowers - Greater Pine Island Chamber Board of Directors
Contact Phone Number: (If different from applicant)	260-573-1152
Email Address:	info@pineislandchamber.org
Estimated Attendance:	750
Event Description: Include each activity, when activities take place, etc.	Non-AROFIT Fund Raiser - autsockaft vendors, exibits, entertainment, fish tossing competition.
Hours of Operation:	10 A - 6 P
STRAP # of Parcel:	28-44-22-03-000 F. 0010 Lee County
Owner of Premises*:	100 County

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



What is the Zoning Classification of the premises?
Are any temporary structures to be installed for the event? Yes No Type:
Do you have the appropriate permits for the temporary structures?
* 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: EVANSAD INSURANCE COMPANY
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? Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?
r Yes r No r Yes r No r Yes r No r N
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, products liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: Blue Dog 4597 Pine Island Rd Matlacha, FL 33993 Sun Shrimp 9703 Shring & St. James City, FL 33956
Type of Food being Served: <u>Seafood</u> , <u>Omerican Fake</u> .
Section II - USE OF COUNTY PROPERTY PERMIT Organization Sponsoring the Event: Greater Pine Island Chamber of Commerce
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT
Is alcohol being sold/consumed on County Property?
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 <u>SOLD</u> at the event) 59-0995733
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details



pe of Production (choose a			,					
TV Movie or Special	ŕ	Series / Pilot	Γ	TV Comme	rcial		Still Photos	
Public Service Announcer	nent 🗀 Indu	strial / Documentary		Other:				·
ll any of the following be n	eeded or inclu	ded*?						
Street Closure				Yes	Γ	No		
Traffic / Crowd	Control			Yes	Г	No		
Fire or Burning				Yes	Γ	No		
Explosives or P	yrotechnics			Yes		No		
Animals, Large	or Small			Yes	Г	No		
Construction o	f Any Kind			「 Yes	Г	No		
Large and/or N	umerous Vehi	cles		Yes	Γ	No		
Helicopters, Bo	oats, etc.			☐ Yes		No		
Stunts				┌ Yes	Γ	No		
Other				┌ Yes	Γ	No		
Special Parking Requireme	nts:							
City or County Services Re	anderstern verbilde folker verbilde der betreet verbilde verbilde verbilde verbilde verbilde verbilde verbilde	nnel, equipment, facili	ties, et	c.)				
The following information the industry. If exact figure						a to tr	ack the econon	nic impa
Number in Cast:		Number in Crew:		Nur	nber of	locals	hired:	
Total budget:		— Estimate amount sp	ent in	ee County:				
Hotel room nights:		Number of shooting	g davs:	•				
	ooms x number of ni		•	•				



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	Jummy Alexhluman Witness
Beth Sowers Print Name of Applicant and Title	Tammy Aeschliman Print Name of Witness
1/20/3022 Date	V20/2022

Original event post-poned.

Rescheduled for April 23.

Buth Sowers

Jammy Alschliman

Jammy Heschliman

3/21/2022



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

Check the appropri	ate box(es) be	low:
┌─ SPECIAL EV	ENT PERMIT	
	UNTY PROPERTY	
		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
r Film Perm	IIT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, F	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in au	thorized areas only. Right-of-way should not be blocked.
Deputies (How Many?):	O donution for	
s spaces (now many.).	from 930a-53	r security and presence throughout the event area scheduled 60p.
Fee for Services:	\$48/hr	
ļ		
Special Arrangements:	Event should found to, vend control.	not impede the normal flow of traffic in any way. If it has been dor may be responsible for hiring an additional deputy for traffic
undergraphic designation of the second secon		
	Print Name:	Captain S. Brady
	Signature:	Capt- Steve 7 Brody
	Title:	Special Events, Permits and Details
	Date:	3/22/22



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. 239-283-0030

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

EX USE OF COUNTY PROPERTY PERMIT

Courtney Greinspectore Pineislandfin

Fire Guards (How Vlany?)	Ø		
ee for Services:	Ø		
ammable Vegetation:	Ø		
rst Ald Equipment:	Lee Cour Boheelia	nty Ems, Located	at 5700 Pine Island Rd,
re Extinguishing:	Matlacha	a/Pine Island F	ire Station #1, Located Boheelia, FL 33922
ecial Arrangements:	Ø		post paren.
	Print Name:	Courtney (live)	Reschodu
	Signature:	Catur Clith	Courtney Uri
	Title:	Fire Inspector	Courtney Uni
	Date:	1/20/2022	

Swiger, Melissa

From:

Courtney Urich <fireinspector@pineislandfire.org>

Sent:

Thursday, March 31, 2022 8:19 AM Swiger, Melissa; Higgins, Douglas

To: Cc:

Benjamin Mickuleit

Subject:

[EXTERNAL] Re: Islandfest-Mullett Toss & Seafood Festival

Good morning Melissa,

Thank you for your call and clarification on the request for the permission to sell and/or consume alcoholic beverages has been considered and approved.

Please let me know if you have any questions.

Respectfully,

courtney urich

Fire Inspector



Matlacha/Pine Island

Fire Control District

5700 Pine Island Rd., Bokeelia, FL 33922 (239)283-0030 main (239)283-3313 fax

Want to know more about your fire department? Visit us at www.pineislandfire.org

Note: Florida has a very broad public records law, and under Florida law, most written communications to or from Matlacha/Pine Island Fire Control District staff regarding district business to include your e-mail address is considered public records and will be made available to the public and the media upon request. If you do not want your email message and or your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, Contact this office by phone or in writing. Additionally, this communication is intended only for the addressee. If you are not the intended recipient, do not copy, disclose, or distribute this message to anyone else. If you have received this communication in error, please contact the sender of the message to inform him or her of the error and then delete this message.

From: Swiger, Melissa <MSwiger@leegov.com> Sent: Wednesday, March 30, 2022 10:14 AM

To: Courtney Urich <fireinspector@pineislandfire.org>; Higgins, Douglas <DHiggins@leegov.com>

Subject: Islandfest-Mullett Toss & Seafood Festival

Good Morning,

The checkbox for Permit to sell and consume alcoholic beverages within Lee County Facilities is missing from your page. It has since been corrected. However, we need written confirmation this was taken into account when approving this event.



Melissa Swiger | Customer Service Specialist

Department of Community Development

1500 Monroe St, Fort Myers, FL 33901

office: (239) 533-8329

email: mswiger@leegov.com web: www.leegov.com/dcd

Connect With Us On Social Media









Receive updates from Lee County Government by subscribing to our newsletter

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

DPS or LCEMS File Reference:

Lee County Event Permit Application



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

Check the approprio	ite box(es) belov	v:
☐ SPECIAL EV	ENT PERMIT	
□ USE OF COU	JNTY PROPERTY PE	ERMIT
FILM PERM	IT	
		ASE 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:	Applicants shall follo concerning health ar congregating at the	w all CDC and FDOH directives, and the Florida Governor's Executive Orders nd 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.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Douglas B. Higgins Dipting departing Douglas I Higgins and an electrical formational plant of the control Andread Section Control Control Andread Section Control
	Title:	Division Chief
	Date:	March 21, 2022

Swiger, Melissa

From:

Higgins, Douglas

Sent:

Wednesday, March 30, 2022 10:17 AM

To: Subject: Swiger, Melissa; fireinspector@pineislandfire.org RE: Islandfest-Mullett Toss & Seafood Festival

The request for permission to sell and/or consume alcoholic beverages has been considered and approved.

Douglas B. Higgins

Division Chief, Special Operations and Support Services Lee County Emergency Medical Services 2000 Main St., Suite #100 Fort Myers, FL 33901

Cell: 239-672-9651 Office: 239-533-3916 dhiggins@leegov.com

From: Swiger, Melissa <MSwiger@leegov.com> Sent: Wednesday, March 30, 2022 10:15 AM

To: fireinspector@pineislandfire.org; Higgins, Douglas <DHiggins@leegov.com>

Subject: Islandfest-Mullett Toss & Seafood Festival

Good Morning,

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Department of Community Development

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email: mswiger@leegov.com web: www.leegov.com/dcd

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

Check the appropri	ate box(es) bel	ow:		
SPECIAL EVENT PERMIT				
▼ USE OF CO	JNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERA	AGES WITHIN LEE COUNTY	/ FACILITIES
FILM PERM	IT			
		LEASE INDICATE BELOW LY WITH FOR THEIR EVE	/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Parking:	No event parking o	n Lee COunty maintained ro	ad rights-of-way.	
Ingress and Egress:	Use all established	means of Ingress and egress		
				0
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: 2022.03.21 12:23:55 -04'00'	-
	Title:	Senior Project Manager		
	Date:	March 21, 2022		_



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

	DUNTY PROPERTY DISELL AND CONS		WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, I	PLEASE INDICATE BELOW WHA PLY WITH FOR THEIR EVENT.	AT ARRANGEMENTS YOUR ORGANIZATION
llumination:	N/A-Daytime even	t	
Parking Areas:	Parking will be har parking areas and	ndied by the event orgainizer. Even must work with surrounding busine	t organizer must ensure parking is in designated ess to coordinate overflow parking.
pecial Arrangements:	pm. Alcohol must exits to ensure alco organizer must pro	be in a contained in a specific area on the indicate in a contained in a containe	kdown must be completed by 3/13/2022 at 12 of the park and an attendant must be present at all will need to be on site during the event. Event and litter clean up after the event. All lght seecurity will not be provided by Parks and
			OUSAR
	Print Name:	Colleen Via	event postpolice
	Title:	Operations Manager	opts Marger
	Date;	1/21/22	3/29/22
^ /	and Fest		



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

Check the appropriat	hov(es) helow:	
☐ SPECIAL EVE		
• • • • • • • • • • • • • • • • • • • •	TY PROPERTY PERMIT	
	LL AND CONSUME ALCOHO	DLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT		
	PPLICATION, PLEASE INDIC ANT TO COMPLY WITH FOR	ATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION THEIR EVENT.
Insurance Requirements:		urance with minimum limits of One Million Dollars (\$1,000,000) per odily injury and/or property damage relative to applicants use of e County.
	\$1,000,000) per occurrence. Sh	insurance will be required with minimum limits of One Million Dollars ould Host Liquor Liability coverage be afford under the Commercial macceptable limits will be Two Million Dollars (\$2,000,000) aggregate.
Special Arrangements:		e submitted as evidence of the required coverage listing Lee County, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an
	Print Name: Mike Figueroa	
	Signature: This	Foi -

Risk Program Manager

March 21, 2022

Title:

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/17/2022

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 have ADDITIONAL INSURED provisions or 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 conter rights to the certificate hol	der in lieu of su	ich endorse	ment(s).		
PRODUCER		CONTACT A	ADRI W	JTKOWSKI	THE REAL PROPERTY OF THE PROPE	
Robertson Ryan & Associates Inc	- 1	PHONE			FAX (A/C, No):	
ADRI WUTKOWSKI		(A/C, No, Ext): E-MAIL	wutkow	ski@robertsc		
7251 W Lake Mead Blvd #300	-	ADDRESS: C				
Particular and the second control of the sec	/ 00/00				DING COVERAGE	NAIC #
INSURED	V 89128	INSURER A:	Evansio	n Insurance	Company	35378
		INSURER B :				
Greater Pine Island Chamber of Commerce		INSURER C :				
Tammy Aeschliman		INSURER D :				
PO Box 325		INSURER E :				*
Matlacha FI	22022	INSURER F :				
COVERAGES CERTIFICATE NUMBER		INSURER F :			DEVICION NUMBER	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST		E BEEN ICC	UED TO		REVISION NUMBER:	TE DOLLAR SERVICE
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSUF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN	OR CONDITION C RANCE AFFORDE OWN MAY HAVE B	OF ANY CON ED BY THE F BEEN REDUC	NTRACT POLICIES DED BY F	OR OTHER DESCRIBED	DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO WHICH THIS O ALL THE TERMS
COMMERCIAL GENERAL LIABILITY	POLICY NUMBER	(MM/D	D/YYYY)	(MM/DD/YYYY)	LIMIT	0.000.000
CLAIVS-MAGE X OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s 2 000 000 s 100 000
Host Liquor Liability					MED EXP (Any one person)	s 5 000
A Retail Liquor Liability Y 3DS5472	2-M2709042	04/2	2 2022	04/25/2022	PERSONAL & ADVINJURY	5 2 000 000
GENIL AGGREGATE LIVIT APPLIES PER		120	11 AM	12 01 AM	GENERAL AGGREGATE	\$ 3,000,000
X FOLICY DECT LOC					PRODUCTS - COMPLOP AGG	5 2 000 000
CTHER					Deductible	\$ 1000
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	S
ANY AUTO					BODILY INJURY (Per person)	
SAMED SOMEQUIED						
OANED STREDULED AUTOS ONLY AUTOS NON-OANED					PROPERTY DAMAGE	
AUTOS ONLY AUTOS ONLY		i			(Per accident)	\$
						\$
UMBRELLALIAB					EACH OCCURRENCE	\$
EXCESS LIAB CLAMIS-MADE					AGGREGATE	5
DED RETENTIONS						<
WORKERS COMPENSATION					PER OTH-	•
ANYPROPRIETOR PARTNER EXECUTIVE Y/N						
OFFICER NEVBEREXCLUDED? (Mandatory in NH)					E L EACH ACCIDENT	. 5
' yes describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EVPLOYEE	3
DESCRIPTION OF OPERATIONS GOOD					E L DISEASE - POLICY LIMIT	5
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addition Certificate holder listed below is named as additional insured per Attendance 750 Event Type Festival & Fair - No Rides			ed if more	space is require	ed)	
	OK 03/21/2	2022				
	thise !	Ligin -	-			
	()	10				
CERTIFICATE HOLDER						
CERTIFICATE HOLDER		CANCELLA	NOITA			
		THE EXP	RATION	DATE THE	ESCRIBED POLICIES BE C. REOF, NOTICE WILL E Y PROVISIONS.	
Lee County Board of County Commissioners		AUTHORIZEDE	REPRESEN	TATIVE		
2115 Second St		ADRI WUT	KOWSK			
Fort Myers FL	33901					

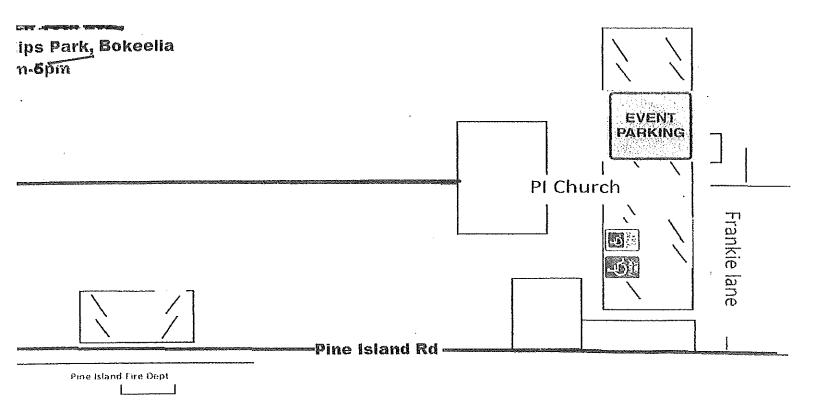


LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

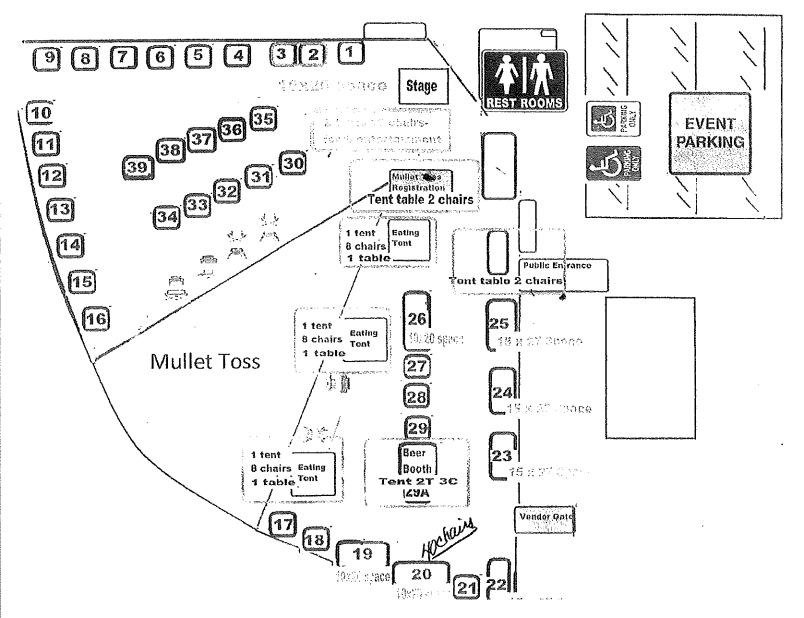
Check the appropriate box(es) below:

Date:

FILM PERMIT	
AFTER REVIEWING THE AP WILL REQUIRE THE APPLIC	PLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Special Arrangements:	
Other:	
	Print Name:
	Signature:
	Title:



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DATE (MIMOD/YYYY) 03/17/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t						require an endorsement	. A statement on	
PRODUCER	- 1110 001	and the transport of the transport of St	CONTAC		JTKOWSKI			
Robertson Ryan & Associates, Inc				PHONE				
ADRI WUTKOWSKI				F-MAII				
7251 W Lake Mead Blvd #300								
Las Vegas NV 89128			INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company				NAIC# 35378	
INSURED 147 03120								
Greater Pine Island Chamber of Commerce			INSURER B:					
Tammy Aeschliman			INSURER C:					
PO Box 325			INSURER D:					
Matlacha FL 33922			INSURER E :					
	TIFICAT		INSURE	HF:		REVISION NUMBER:		
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 EXCLUSIONS AND CONDITIONS OF SUCH						D HEREIN IS SUBJECT TO) ALL THE TERMS	
	AODLISUB INSO WYD		DECIN P	POLICY EFF (MM/DD/YYYY)		j (1221%)	c	
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSO WYD	POLICY NUMBER	-	(MM/DD/YYYY)	(MIA/UU/YYYY)	LMIT	\$ 2.000.000	
CLARVS-MADE X OCCUR						EACH OCCURRENCE DAVAGE TO RENTED	100 000	
Host Liquor Liability						PREMISES (Ea occurrence)	5.000	
A Retail Liquor Liability	Υ	3DS5472-M2709042		04/22/2022	04/25/2022	MED EXP (Any one person)	\$ 5,000 \$ 2,000,000	
	'	SPSS-1 Z-MZ (USS4Z		12 01 AM	12 01 AM	PERSONAL & ADVINJURY	\$ 3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO: LOC				IZVIAM	IZVEAN	GENERAL AGGREGATE PRODUCTS - COMP/OF AGG	\$ 2,000,000	
						Deductible	\$ 1,000	
AUTOMOBILE LIABILITY	 	<u> </u>				COMBINED SINGLE LIMIT	\$ 1,000	
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	* S	
OWNED () SCHEDULED						BODILY INJURY (Per accident)		
HIRED NON-OWNED						PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY						(Per accident)	5	
UMBRELLA LIAB OCCUR	1					EACH OCCURRENCE	5	
EXCESS LIAB CLAIMS MADE						AGGREGATE	5	
DED RETENTIONS	1					2 Stage Out Chapter Child	5	
WORKERS COMPENSATION						PER OTH-	*	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE IN THE	!					EL EACH ACCIDENT	S	
ANYPROPRIETOR/PARTNER/EXECUTIVE CFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					EL DISEASE - EA EMPLOYEE	· ·	
if yes describe under DESCRIPTION OF OPERATIONS below				-		E L DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS DECS						E E EXCESSE 13 COSO 1 C13-31		
				İ				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOF	RD 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)	<u> </u>	
Certificate holder listed below is named as a			. 2217 0)1 19				
Attendance: 750, Event Type: Festival & Fa	ir - No Ric	des						
CERTIFICATE HOLDER				CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL						ANCELLED BEFORE		
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Lee County Board of County Commissioners			AUTHORIZED REPRESENTATIVE					
2115 Second St			ADRI WUTKOWSKI					

Fort Myers

FL 33901



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Lee County Board of County Commissioners 2115 Second St Fort Myers, FL 33901

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2, of Section II Who Is An Insured:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.