

EVENT PERMIT



Ordinance 17-08

BONITA BEACH PARK EASTER SUNRISE SERVICE

PERMIT NUMBER: TMP2022-00041

Date(s) of Event: APRIL 17, 2022

Property Owner:

LEE COUNTY

Applicant:

BILL LYTELL

239-980-0543

Description:

BONITA BEACH PARK EASTER SUNRISE SERVICE ON APRIL 17, 2022 FROM

7:00AM UNTIL 8:30AM

Location of event: 27954 HICKORY BLVD, BONITA SPRINGS, FL 34134

BONITA BEACH 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?

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

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

TMP2022-0004



Event Application

Check t	he appropriate box(es) below:
	SPECIAL EVENT PERMIT
	SE OF COUNTY PROPERTY PERMIT
	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	FILM PERMIT

Production Date(s) of Event / Production: Location(s) of Event: Bonita Beach Park Bonita Beach Park Name of Applicant: Bill Lytell / Gospel Baptist Church Applicant Address: 24861 Old 41 Road Bonita Springs, FL 34135 Applicant Phone Number: Contact Person: (If different from applicant) Contact Phone Number: (If different from applicant) Contact Phone Number: (If different from applicant) Email Address: stone.w@mygbcs.com Estimated Attendance: Estimated Attendance: Ester Sunrise Service (church service with preaching and music) Footback Place, etc. Provite Reach Park (27054 History Phylip Parkit Springs El (44144) Parkits Reach Park (27054 History Phylip Parkits Springs El (44144)	Section I - GENERAL INF	ORMATION (All Permit Types)
Production: Location(s) of Event: Bonita Beach Park Bonita Beach Park Bill Lytell / Gospel Baptist Church Applicant Address: 24861 Old 41 Road Bonita Springs, FL 34135 Applicant Phone Number: 239-980-0543 (cell) or 239-947-1285 (office) Wendy Stone (If different from applicant) Contact Person: (If different from applicant) Contact Phone Number: (If different from applicant) Email Address: Stone.w@mygbcs.com Estimated Attendance: Event Description: Include each activity, when activities take place, etc. Hours of Operation: 7:00 am to 8:30 am STRAP # of Parcel: Bonita Beach Park Bonita Beach Park Park Bonita Beach Park Bonita Springs, FL 34134	Title of Event / Name of Production	Easter Sunrise Service
Location(s) of Event: Name of Applicant: Bill Lytell / Gospel Baptist Church 24861 Old 41 Road Bonita Springs, FL 34135 Applicant Phone Number: Contact Person: (If different from applicant) Contact Phone Number: (If different from applicant) Email Address: stone.w@mygbcs.com 900 Estimated Attendance: Event Description: Include each activity, when activities take place, etc. Hours of Operation: T:00 am to 8:30 am STRAP # of Parcel: Bill Lytell / Gospel Baptist Church 24861 Old 41 Road Bonita Springs, FL 34134 Lee County Coverage etc.	Date(s) of Event / Production:	April 17, 2022
Applicant Address: 24861 Old 41 Road Bonita Springs, FL 34135 Applicant Phone Number: 239-980-0543 (cell) or 239-947-1285 (office) Contact Person: (If different from applicant) Contact Phone Number: (If different from applicant) Email Address: stone.w@mygbcs.com Estimated Attendance: Event Description: Include each activity, when activities take place, etc. Easter Sunrise Service (church service with preaching and music) T:00 am to 8:30 am STRAP # of Parcel: Bonita Beach Park, 27954 Hickory Blvd; Bonita Springs, FL 34134	Location(s) of Event:	Bonita Beach Park
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Estimated Attendance: Event Description: Include each activity, when activities take place, etc. Hours of Operation: T:00 am to 8:30 am STRAP # of Parcel: Bonita Beach Park, 27954 Hickory Blvd; Bonita Springs, FL 34134	Contact Phone Number: (If different from applicant)	239-770-5598 (cell) or 239-947-1285 (office)
Event Description: Include each activity, when activities take place, etc. Hours of Operation: T:00 am to 8:30 am STRAP # of Parcel: Bonita Beach Park, 27954 Hickory Blvd; Bonita Springs, FL 34134	Email Address:	stone.w@mygbcs.com
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STRAP # of Parcel: Bonita Beach Park, 27954 Hickory Blvd; Bonita Springs, FL 34134	Event Description: Include each activity, when activities take place, etc.	Easter Sunrise Service (church service with preaching and music)
Los County Covernment	Hours of Operation:	7:00 am to 8:30 am
Owner of Premises*: Lee County Government	STRAP # of Parcel:	Bonita Beach Park, 27954 Hickory Blvd; Bonita Springs, FL 34134
	Owner of Premises*:	Lee County Government

 $^{{}^{*}}$ 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 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 identified, including all parking areas.	ty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	ame 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 PR	ROPERTY PERMIT	
Organization Sponsoring the Event:	7.4R	
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Cou	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 num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida I	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for



e of Pro	oduction (choose all tha	at app	oly):							
TV Mov	vie or Special		TV Series / Pilot		TV Commer	cial	\Box	Still Pho	tos	
Public S	Service Announcement	t 🗀	Industrial / Documentary		Other:					
ll any of	the following be need	ed or	included*?							
	Street Closure				Yes		No			
	Traffic / Crowd Cor	ntrol			Yes		No			
	Fire or Burning	218.70			Yes		No			
	Explosives or Pyrot	echn	ics		Yes		No			
	Animals, Large or S	mall			Yes		No			
	Construction of An	y Kind	d		☐ Yes		No			
	Large and/or Nume	erous	Vehicles		☐ Yes		No			
	Helicopters, Boats,	etc.			Yes		No			
	Stunts				☐ Yes		No			
	Other				Yes		No			
For any	marked Yes, provide f						-			
	Parking Requirements:									
								•		
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City or C The follothe indu Number	Parking Requirements: County Services Require Diving information is restry. If exact figures are In Cast:	ed: (P	ersonnel, equipment, facili d for local and state record available, please estimate a	s on p as clos	roduction in Fiely as possibl Num Lee County:	e.				nic impa



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.

maj ner movieuge.	
William Syfell Signature of Applicant	Witness Witness
William (Bill) Lyfell Senive Partue Print Name of Applicant and Title	Wendy Stone Print Name of Witness
1/19/2022	1/19/2022
Date	Date

Carmine Marceno Sheriff



State of Florida County of Lee

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

Details are charged a \$15 <u>per deputy</u> 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 <u>unarmed</u> 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 C	COUNTY SHERIFF'S OF	FFICE USE ONLY	
Total Deputy(ies) 2	Total Hours 4 hr min	Rate per Hour \$68	Vehicle Rate \$15x2
Supervisory Deputy(ies) Lillian Jy	Total Hours	Rate per Hour	Vehicle Rate



Detail Request Form - continued

LCSO Details Main Phone Number: 239-477-1199					
Vendor	Information				
Business Name: Gospel Baptist Church					
Street: 24861 Old 41 Rd	•				
City: Bonita Springs	State: FL Zip Code: 34135				
	Phone: 239-947-1285				
Email Address: stone.w@mygbcs.com					
	information				
Detail Location: Bonita Beach Park					
Street: 27954 Hickory Blvd					
City: Bonita Springs	State: FL Zip Code: 34134				
Contact During Event:	Phone:				
Event Date: 4/17/22	Event Time: 6a-10a				
Anticipated Crowd Size : 900	Type of Event: Easter Sunrise Service				
Additional Security Working Detail: Yes	✓ No If Yes, how many?				
Permits Attached: Yes V No	Alcohol Served: Yes 🗹 No				
Detail I	nformation				
Security Traffic	Prisoner Transport				
Escort Holiday 🗸	Funeral Escort				
Last Minute Stand-by					
Marked Vehicle Yes No	Unmarked Vehicle				
Uniformed Deputy 📝 Yes 🗌 No	Plain Clothes Deputy 🔲 Yes 🔽 No				
Detail Description:					
Deputy presence at main entrance to park to assist parishioners with getting in & out of the parking lot as safely as possible without backing up traffic. Cost for the detail is \$574					



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 Gospel Baptist Church ______, (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**.

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. <u>Termination of Agreement</u>.

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. <u>Severability</u>.

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	CARMINE MARCENO, SHERIFF O/BC THE LEE COUNTY SHERIFF'S OFFICE
Gospel Baptist Church	
24861 Old 41 Rd, Bonita Springs FL 34135	
By: William Lytell	By: Sheriff/Designee
Print Name: William Lytell	Print Name:
Date: 1/31/22	Date:



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

Check the appropri	ate box(es) below:
⋉ SPECIAL EV	ENT PERMIT
▼ USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	JIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for the event will be in authorized areas only and the right-of-way must not be impeded. Attendees will not be able to park in area that has not been designated as visitor parking.
Deputies (How Many?):	Two (2) extra duty detail deputies will need to be hired for traffic control at the main entrance to the park to assist with getting parishioners in/out of the parking lot as safely as possible while keeping the traffic on Estero Blvd flowing.
Fee for Services:	Contact LCSO Details Unit for further Information,
Special Arrangements:	All amplified sound must adhere to the Lee County noise ordinances.
	Print Name: Steven Brade Signature: Capt Steven Brade Title: Special Operations Division Date: 1-31-77



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

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

		SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)	NA	
Fee for Services:	NIA	
Flammable Vegetation:	NA	
First Aid Equipment:	NA	
Fire Extinguishing:	NA	
Special Arrangements:	NA	
	Print Name: Signature: Title: Date:	Greg DeWith Fire Chief 1/31/22
		Page 17



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	1T	
	5	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.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Ogada spartly Dougla Litegin Strongwyld Allegin Other State Strong Douglas Litegin Other State Strong Douglas Litegin Other State Strong Douglas Litegin Other State Litegin
	Title:	Division Chief
	Date:	January 21, 2022



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

спеск тпе арргорги	ate box(es) bei	iow:		
	UNTY PROPERTY SELL AND CONS		ERAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	177		OW WHAT ARRANGEMENTS	S YOUR ORGANIZATION
Parking:	No event parking p	permitted on Lee County	maintained road rights-of-way.	
Ingress and Egress:	Use all established	means of ingress and eg	ress.	
Special Arrangements:	Use Lee County Sh	neriff's Office for assistanc	e with traffic control as needed.	
	Drint Name:	Prop Millor		
	Print Name: Signature:	Bryan Miller	Digitally signed by Bryan Miller	
	Title:	Senior Project Manager	Date: 2022.01.20 06:43:56 -05'00'	
	Date:	January 20, 2022		



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

Check the approprie		ow:	
IX USE OF CO	UNTY PROPERTY	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE C	OUNTY FACILITIES
FILM PERM		PIAIC VECOURTIC DEAFUVOES AND HIM FEE o	500000000000000000000000000000000000000
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGE! LY WITH FOR THEIR EVENT.	VIENTS YOUR ORGANIZATION
llumination:	The event organize	r is responsible fro any Pre-Dawn lighting if require	d.
Parking Areas:	Parking is limited to site. Must insure th	o 95 spaces. Event organizalton may be required to nat all driveway accesses and roadways are not bloo	provide additional parking off ked.
Special Arrangements:	Event organizer ma	ay be required to provide traffic control to ensure sa	afety of patrons
	_		,,
	Print Name:	Colleen Via	
	Signature:	Caclea Via	
	Title:	Operations Manager	
	Date:	1/20/22	
Bonda Beach - Sur. 4/17/-	su Service	Page 10	and the second s



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

Check the appropriat	te box(es) bel	ow:
☐ SPECIAL EVE ☑ USE OF COU ☐ PERMIT TO S ☐ FILM PERMI	NTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name: Signature: Title:	Mike Figueroa Mike Figueroa Risk Program Manager
	Date:	January 21, 2022

GOSBA

ACORD,

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2022

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(les) 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 confer any rights to the certificate holder in lieu of such endorsement(s).

									
	DUCER	CONTACT Deedee Guyon							
	risure dba Gulfshore ins SWF		PHONE (A/C, No, Ext): 239 659-7294 FAX (A/C, No): 239 213-2803						
	00 Goodlette Road N		E-MAIL ADDRESS: dguyon@gulfshoreinsurance.com						
Naples, FL 34103					INSURER(S) AF	FORDING COVERAC	3E		NAIC#
23	9 261-3646		INSURE	RA: GuideOn	e insurance				15032
INS	URED		INSURE	:RB:	<u> </u>				
	Gospel Baptist Church of Bonit	ta Springs	INSURE	RC:					
	24861 Old 41 Road		INSURE		**************************************				
	Bonita Springs, FL 34135-3413		INSURE		•				
		ľ	INSURE						
co	VERAGES CERTIFICA	ATE NUMBER:	ii Cont			REVISION NUM	BER:		
T	HIS IS TO CERTIFY THAT THE POLICIES OF IT		/E BEEI	VISSUED TO				POLIC'	Y PERIOD
IN C	NDICATED. NOTWITHSTANDING ANY REQUIRES ERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICE	MENT, TERM OR CONDITION OF IN. THE INSURANCE AFFORDED	ANY BY T	CONTRACT OI HE POLICIES N REDUCED I	r other do Described I By Paid Clai	CUMENT WITH R HEREIN IS SUBJI	ESPECT	TO WH	ICH THIS
PER PER	TYPE OF INSURANCE INSR I	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	CPP01453844			,	EACH OCCURREN		\$1,00	0.000
	CLAIMS-MADE X OCCUR						DAMAGE TO BEATER		0,000
						MED EXP (Any one		\$10,0	
						PERSONAL & ADV		\$1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:	A A A A A A A A A A A A A A A A A A A			•	GENERAL AGGREC		\$3,00	·
	PRO-					PRODUCTS - COM		\$3,00	•
	POLICY JECT LOC OTHER:					-RODOCIO-COM	TOF AGG	\$	0,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE	LIMIT		
	ANY AUTO					(Ea accident) BODILY INJURY (Po	er nerenn)	\$	
	OWNED SCHEDULED					BODILY INJURY (P	<u> </u>	\$	· · · ·
l	HIRED NON-OWNED					PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY	į				(Per accident)		\$	
	UMBRELLA LIARA OCCUP							<u> </u>	
	H-varatus H-occur					EACH OCCURREN	CE	\$	
	- COMMONAUE			Į		AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION					IPER	IOTH-	\$	
	AND EMPLOYERS' LIABILITY			***************************************		ISTATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N / A	Į				E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA	EMPLOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POL	JCY LIMIT	\$	·
		Ì			ļ				
				1					
L				<u> </u>	<u></u>				
	scription of operations / Locations / vehicles (A ent: April 17, 2022 Easter Sunrise Servi				ore space is requ	ired)			
	e County, a political subdivision and C								
					ents, emp	oyees and			
pu	blic officials are named as additional ir			-					
	OK 01/21/2022								
	hy 1.								
		r nop	7 T	70					
CE	RTIFICATE HOLDER		CANC	ELLATION					
LEE COUNTY BOARD OF COUNTY						ESCRIBED POLIC			
COMMISSNERS				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					IACUED IN
	PO BOX 398								
1	Fort Myers, FL 33902	AUTHORIZED REPRESENTATIVE							

GOSBA

Client#: 78156

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2022

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.

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_th	is certificate does not confer any rigi	its to the	certificate holder in lieu o	f such endorsemer	ıt(s).		***************************************	A
PROE	DUCER			CONTACT Deedee	Guyon			
Acrisure dba Gulfshore ins SWF				PHONE (A/C, No, Ext): 239 659-7294 FAX (A/C, No): 239 213-2803				
	0 Goodlette Road N			E-MAIL ADDRESS: dguyon(@gulfshore	Insurance.com		
	oles, FL 34103		Į		IHSURER(8) AFI	FORDING COVERAGE		AIC#
239	261-3646			INSURER A : GuideOn	e insurance		15032	2
เหยน	RED			INSURER B:				
	Gospel Baptist Church of	Bonita &	prings	INSURER C:				
	24861 Old 41 Road			INSURER D:				
	Bonita Springs, FL 34135	-3413		INSURER E:				
				INSURER F:				
			NUMBER:			REVISION NUMBER:		
IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, I POLICIES	nt, term or condition of the insurance afforded 3. Limits shown may hav	f any contract oi o by the policies /e been reduced i	r other doo Described I By Paid Claii	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A MS.	TO WHICH TH	HS
强		ADDL SUBI			POLICY EXP (MM/DD/YYYY)	имп:		
Α	X COMMERCIAL GENERAL LIABILITY		CPP01453844	06/14/2021	06/14/2022	EACH OCCURRENCE	\$1,000,000	
1	CLAIMS-MADE X OCCUR	1			[DAMAGE TO RENTED PREMISES (Ex occurrence)	\$1,000,000	
						MED EXP (Any one person)	\$10,000	4
ļ						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000 \$3,000,000	
	POLICY PRO-					PRODUCTS - COMP/OP AGG	\$3,000,000 \$	
	OTHER:	1	+		 	COMBINED SINGLE LIMIT (Ea accident)		
	AUTOMOBILE LIABILITY					(Ea accident) BODILY INJURY (Per person)	\$ \$	
	ANY AUTO OWNED SCHEDULED]	BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS					PROPERTY DAMAGE	\$	
	HIRED NON-OWNED AUTOS ONLY					(Per accident)	\$	·
	IMPROVA LIAN	+	 		 	EVUR VOOLEDERING	s	
	UMBRELLA LIAB OCCUR					AGGREGATE	<u> </u>	***************************************
	EXCESS LIAB CLAIMS-MADE	1				AOUNGOATE	s	
	DED RETENTION \$ WORKERS COMPENSATION	 			1	PER OTH- STATUTE ER	<u> </u>	-
	AND EMPLOYERS' LIABILITY YIN			}		E.L. EACH ACCIDENT	\$	
!	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA)		E.L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yos, describe under			1		E.L. DISEASE - POLICY LIMIT		
	DESCRIPTION OF OPERATIONS below	+				The section of the se	· ·	
	Laboratoria							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACO	10 101, Additional Remarks Sched	ule, may be attached if m	ore space is requ	Irod)		· · · · · · · · · · · · · · · · · · ·
Eve	ent: April 17, 2022 Easter Sunrise	Service	at Bonita Beach Park i	& Pavillon				
Lee	County, a political subdivision a	and Cha	rter County of the State	e of Florida, Its ag	gents, emplo	oyees and		
pul	blic officials are named as addition	onal insu	ired in the regards to g	eneral liability.				
CE	RTIFICATE HOLDER			CANCELLATION				
LEE COUNTY BOARD OF COUNTY COMMISSNERS PO BOX 398				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

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Fort Myers, FL 33902



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 CANT TO COMPLY WITH FOR THEIR EVENT.
Special Arrangements:	
Other:	
	Print Name: Signature: Title: Date:

