

EVENT PERMIT



Ordinance 17-08

FORT MYERS BEACH SUNRISE SERVICE

PERMIT NUMBER: TMP2022-00089

Date(s) of Event: APRIL 17, 2022 FROM 5:30AM UNTIL 7:30AM

Property Owner:

LEE COUNTY

Applicant:

FORREST CRITSER

239-463-6452

Description:

EASTER SUNRISE SERVICE FOR COMMUNITY AND VISITORS OF FORT

MYERS BEACH

Location of event:

950 ESTERO BLVD, FORT MYERS BEACH, FL 33931

LYNN HALL PIER AND PARK

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

Will the event be held on County Owned Property? Yes

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

Will a bond be posted for this event?

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

OCCSZoning @ lee gove com



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Fort Myers Beach Sunnse Service



Sunday April 17, 2022 520-730 AM



Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	SUNRISE SERVICE TO CELEBRATE TGHE RESURRECTION OF JESUS CHRIST
Date(s) of Event / Production:	APRIL 17, 2022
Location(s) of Event:	LYNN HALL PIER AND PARK
Name of Applicant:	BEACH MINISTERIAL ASSOCIATION
Applicant Address:	BEACH BAPTIST CHURCH, 130 CONNECTICUT ST. FORT MYERS BEACH, FL 33931
Applicant Phone Number:	239-463-6452
Contact Person: (If different from applicant)	FORREST "BUTCH" CRITSER
Contact Phone Number: (If different from applicant)	270-860-4972
Email Address:	office@beachbaptist.org
Estimated Attendance:	800
Event Description: Include each activity, when activities take place, etc.	Easter Sunrise worship service for the community and visitor of Fort Myers Beach. The service is an annual event, free of charge and sponsored by the Beach Ministerial Association which represents the Christian congregations location on Estero Island.
Hours of Operation:	5:30AM - 7:30AM
STRAP # of Parcel:	044000040000000
Owner of Premises*:	LEE COUNTY

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



What is the Zoning Classification of the p	oremises? Lee County Park	(
Are any temporary structures to be insta	lled for the event? Yes X No	Туре:
Do you have the appropriate permits for	the temporary structures?	├ Yes x No
* For a 'Special Event' and 'Use of County identified, including all parking areas.	y Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:	CHURCH MUTUAL INSURA	NCE COMPANY
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Nat	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	├ Yes 反 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:	each Ministerial Assoc	iation
Type of Food being Served:		
Section II - USE OF COUNTY PR	OPERTY PERMIT	
Organization Sponsoring the Event:		
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	y;
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration number	per:	
(Proof of registration with the Dept. of Agriculture & Co	onsumer 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 Coun	ity Property?	Yes No
If Yes, then a "Lee County Alcohol Permit" is required. C	Only non-profit organizations can sell alcohol on County	Property.
Non-profit certificate/registration numb (Required if alcohol is to be <u>sold</u> at the event)	per:	

Page 2

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 all that	apply):						
TV Movie or Special	TV Series / Pilot	Γ	TV Comme	rcial	Γ	Still Photos	
Public Service Announcement	Industrial / Documentary		Other:				
ill any of the following be needed	for included*?						
Street Closure			┌ Yes	Γ.	No		
Traffic / Crowd Cont	rol		∫∵ Yes		No		
Fire or Burning			┌─ Yes	Γ-	No		
Explosives or Pyrote	chnics		├ Yes	Γ	No		
Animals, Large or Sm	ıall		┌ Yes	Г	No		
Construction of Any	Kind		☐ Yes	Г	No		
Large and/or Numer	ous Vehicles		┌─ Yes	Γ	No		
Helicopters, Boats, e	tc.		Yes	Γ	No		
Stunts			Yes	Γ:	No		
Other			T: Yes	Γ-	No		
Special Parking Requirements:							
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City or County Services Required	· (Personnel equinment facili	ta sait	·c 1				
or or overry particulation	Transmor, equipment, radin					· · · · · · · · · · · · · · · · · · ·	·
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The following information is required industry. If exact flaures are					a to t	rack the econor	nic impa
the industry. If exact figures are	iot available, please estimate	as ciosi	ery as possibi	е,			
Number in Cast:	Number in Crew:		Nun	iber of	local	s hired:	
Total budget:	Estimate amount sp	ent in	Lee County:			***************************************	
Hotel room nights:	Number of shooting	g days:	_				
number of rooms x i							



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.



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

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

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

Parking:	Parking in authorized areas only. There will be parking at Lynn Hall Park as we as surrounding lots and street parking.	:11
Deputies (How Many?):	None	-
Fee for Services:	None	
Special Arrangements:	If there will be amplified sound, it will need to adhere to the Town of Ft Myers Beach noise ordinance.	
,	Print Name: Captain S. Brady Signature: Special Events, Permits and Details Date: 3/15/22	



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.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

	OUNTY PROPERTY	PERMIT	
AFTER REVIEWING THE A WILL REQUIRE THE APPL	APPLICATION PLE	SE INDICATE BELOW WHAT ARRANGEMEN' WITH FOR THEIR EVENT.	TS YOUR ORGANIZATION
Fire Guards (How Many?)	If there is going anyone attendi	to be any gates, fencing, or similar setup that g there will need to be 1 certified crowd mana	could affect the free movement of ger for every 250 expected attendee
Fee for Services:	N/A		
Flammable Vegetation:	None Permitted	This includes any open flames, candles, etc.	
First Aid Equipment:	N/A		
Fire Extinguishing:	N/A		
Special Arrangements:	Submitted docu us so we can c	ments does not indicate anything being setup Implete the necessary review and possible sit	. If this changes please notify our e inspection.
	Print Name: Signature: Title:	Jennifer Campbell Jennifer Campbell Fire Official	
	Date:	2 45 0000	

3-15-2022

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

		(25),000
Check the appropri	ate box(es) belo	w:
┌─ SPECIAL EV	ENT PERMIT	
₩ USE OF CO	UNTY PROPERTY P	ERMIT
FILM PERM	1IT	
IFTER REVIEWING THE VILL REQUIRE THE APPL	APPLICATION, PLI LICANT TO COMPLY	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION / WITH FOR THEIR EVENT.
Freatment Facilities:	See Special Arrange	ments below.
Medical Personnel:	See Special Arrange	ments below.
Medical Supplies / Equipment:	See Special Arrange	ments below.
Safety Requirements:	See Special Arranger	ments below.
Fee for Services	See Special Arranger	nents below.
Special Arrangements:		lyers Beach Fire District for specifying EMS coverage for this event, as it falls within at the contacted at (239) 590-4200.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins
	Title:	Division Chief
	Date:	March 11, 2022



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

		FORT MYERS,FI (239) 533-8!		
Check the appropri	ate box(es) be	low;		
☐ SPECIAL E\	/ENT PERMIT			
I∑ USE OF CC	UNTY PROPERTY	/ PERMIT		
r PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BE	VERAGES WITHIN LEE COUNTY	/ FACILITIES
FILM PERM				
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, F LICANT TO COMF	PLEASE INDICATE BE PLY WITH FOR THEIR	LOW WHAT ARRANGEMENTS EVENT.	YOUR ORGANIZATION
Parking:	No event parking o	on Lee COunty maintaine	ed road rights-of-way.	
Ingress and Egress:	Use all established	I means of ingress and e	gress.	
Special Arrangements:	Use Lee County St	neriff's Office for assistan	ce with traffic control, as needed.	
		·		
	Print Name:	Bryan Miller		
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2022.03.23 06:30:59 -04'00'	
	Title:	Senior Project Manage		
	Date:	March 23, 2022		



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

Check the appropri	ate box(es) bel	low:	
SPECIAL EV	ENT PERMIT		
☑ USE OF CO	UNTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONSI	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILIT	ries
☐ FILM PERN	MT		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR OPLY WITH FOR THEIR EVENT.	ORGANIZATION
Illumination:	Event organizer wil	Il be responsible for any illumination if needed,	· .
Parking Areas:	All vehicles remain	ning after the event will be required to pay the \$2.00 per hour parkin	g fee.
Special Arrangements:	Rental fee waived, from site superviso	but will still be required to pay for LCPR staff overtime hours. Please or.	follow guidelines
	Print Name: Signature: Title: Date:	Colleen Via Collet Unia Operations Manager 3/22/2022	
FMB-Surves	Gervice - Pie	Page Ma	
4/17	122	Page 10	

Lee County Event Permit Application net all the properties of the state of the second s



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS, FLORIDA 33901 (239) 533-2221

Check	the	appro	priate	box	(es) below:
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SPECIA	LEVE	NT P	ERMIT
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- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMI	Т
AFTER REVIEWING THE AWARD AFTER APPLICATION OF THE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
nsurance 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: Mike Figueroa Title: Risk Program Manager

Print Name:	Mike Figueroa	
Signature:	Mit frim	
Title:	Risk Program Manager	
Date:	March 23, 2022	

FAY: 12394636452

Fax: (888) 242-3233



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2022

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 confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Jennifer M Lewitzke PRODUCER PHONE 1-800-554-2642 Option 1 855-264-2329 FAX (A/C, No): Church Mutual Insurance Company customerservice@churchmutual.com 3000 Schuster Lane ADDRESS: P.O. Box 357 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Church Mutual Insurance Company Merdil WI 54452 18767 INSURED FIRST BAPTIST CHURCH OF FORT MYERS BEACH FLORIDA INC INSURER B: INSURER C; 130 CONNECTICUT ST INSURER D INSURER E FORT MYERS BEACH FL 33931-3702 INSURER F COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICYNUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ 1,000,000 CLAIMS-MADE X OCCUR \$ 1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) 10.000 Y 0077722-02-337284 01/27/2022 | 01/27/2023 PERSONAL & ADV INJURY 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER \$ 3,000,000 GENERAL AGGREGATE X POLICY REST LOC PRODUCTS - COMPIOP AGG 1,000,000 5 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) HIRED AUTOS ONLY PROPERTY DAMAGE (Per scodent) AUTOS ONLY UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTIONS \$ WORKERS COMPENSATION And Employers' Liability STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) In compliance with written contract, agreement or permit requirements, certificate holder is an additional insured under the policy. A267.1 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners PO Box 398

ACORD 25 (2016/03)

Fort Myers

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FL 33902-0398

AUTHORIZED REPRESENTATIVE

ennifer Lewitzke



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

Check the appropri	$N \cap \mathcal{U}$	
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AFTER REVIEWING THE A WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.	
Special Arrangements:		
		:
Other:		-
		:
		:
		:
	Print Name:	
	Signature:	
	Title:	
	Date:	