

# **EVENT PERMIT**



Ordinance 17-08

#### LUNAN/BAILY BANYAN STREET WEDDING

PERMIT NUMBER: TMP2022-00174

Date(s) of Event: JUNE 25, 2022 FROM 4:30PM UNTIL 8:30PM

Property Owner: LEE COUNTY

Applicant: ONEIL LINTON

719-344-3073

Description: LUNAN/BAILY WEDDING JUNE 25, 2022 FROM 4:30PM UNTIL 7:30PM

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921

**BANYAN ST** 

Will the event be attended by 1000 or more people?

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

Sounty Manager Date

ftmpprmt specialevent.rpt



# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Lunan / Baily Banyan Street Wedding
June 25, 2022

TMP2022-00174



#### **Event Application**

Check the	appropriate	box(es)	below:
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$\Box$	SPI	ECIAL	EV	/ENT	PERM	ЛIT
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□ 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	Tricia Lunan & Antoneil Baily Banyan Street Wedding
Date(s) of Event / Production:	June 25,2022
Location(s) of Event:	Banyan Street, Boca Grande , Fl
Name of Applicant:	Oneil N. Linton
Applicant Address:	500 Palm Ave, Boca Grande, FL 33921
Applicant Phone Number:	719-344-3073
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	oneilIntn@gmail.com or fibacademyusa@gmail.com
Estimated Attendance:	35 People
Event Description: Include each activity, when activities take place, etc.	Banyan Street-Wedding
Hours of Operation:	4:30p - 7:30p
STRAP # of Parcel:	µ4432001000050010
Owner of Premises*:	Lee County

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



## Fill out the following questions for all permit types:

What is the Zoning (	Classification of the	premises? DOT Right of Way			
Are any temporary s	tructures to be insta	alled for the event?   Yes	I⊼ No Ty	pe:	
Do you have the app	ropriate permits for	the temporary structures?		Г Yes	┌ No
* For a 'Special Ever indentified, including	nt' and 'Use of Count g all parking areas.	ty Property' permit, submit a	site plan with	all proposed f	acilities and activities
Insurance Company	Insuring the Event:				
Note: Certificate of Insur	rance must be submitted	d at time of application		, -	
Surety Company Bor	nding this Event (Na	me and Address):			
Will Vehicles be Us Ever		Will Food be Available at ti	nis Event?		olic Beverages be umed at this Event?
┌─ Yes	⊠ No	Γ Yes	o	[ Yes	⊠ No
If yes, automobile of included on the certif		If yes, products liability coverage included on the certificate of its			bility coverage must be certificate of insurance.
Name & Address of Providing Food:	Organization	TOTAL CONTROL OF THE STATE OF T			
Type of Food being S	Served:				
Section II - USE	OF COUNTY PE	ROPERTY PERMIT		•	
Organization Spons	oring the Event:				
Fill out this portion ;	for applications for	Solicitation in the County Ri	ghts-of-Way:		
Name of Charity:					
Address of Charity:					
Phone Number:					
Non-profit certificat	e/registration numb	per:			
(Proof of registration with t	he Dept. of Agriculture & C	onsumer Services §496.405 or proof th	ne organization is ex	cempt from this rec	quirement. §316,2045)
Section III - SAL	.E/CONSUMPTI	ON OF ALCHOLIC BEVE	RAGES PER	RMIT	
ls alcohol being sold, If Yes, then a "Lee County Al		ty Property? Only non-profit organizations can sell al	cohol on County Pro	Yes	▼ No
Non-profit certificate (Required if alcohol is to be s		er:			, , , , , , , , , , , , , , , , , , , ,
Please note: A permit fro	om the State of Florida D	vivision of Alcoholic Beverages and	Tobacco may also	be required; plea	ase call (239) 344-0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Produc	ction (choose all tha	at apply):					
Ti TV Movie o	or Special	TV S	eries / Pilot	TV Con	nmercial	Still Photos	
Public Serv	ice Announcement	Indus	trial / Documentary	Cother:			
Will any of the	following be need	ed or includ	ed*?				
!	Street Closure			Ye	s Ti No		
·	Traffic / Crowd Con	trol		□ Ye	s   No		
1	Fire or Burning			Γ∵ Ye	s No	i.e.	
	Explosives or Pyrot	echnics		Ye	s No		
	Animals, Large or S	mall		├. Ye	s No		
	Construction of An	y Kind		[ Ye	s No		
	Large and/or Nume	rous Vehicl	les	Ye	s No		
	Helicopters, Boats,	etc.		J™ Ye	s No		
	Stunts			Ye	s No		
	Other			J. Ye	s No		
* For any ma	rked Yes, provide f	urther deta	ils below:	•			
During Knowl	the Mede Lendard	ling n	10 cans an	e allo	wold to	drive kid be.	
Special Park	ing Requirements:					2	
	nty Services Require	ed: (Person	nel, equipment, facili	ties, etc.)			
Nil							
			ocal and state record ble, please estimate			track the economic i	mpact of
Number in Ca	ast:		Number in Crew:	2	Number of loca	ls hired:	
Total budget	350	00 UND	Estimate amount sp	ent in Lee Coun	ty: We all	Live on the	island
Hotel room n	nights:		Number of shooting	days:	1		
	number of rooms	k number of nig	hts				

#### Applicant Agreement - Signature Required



#### 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 permises 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.

#### Applicant Agreement - Signature Required

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#### **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

Witness

Print Name of Applicant and Title

Print Name of Witness

Applicant Bailey

See Attached Agreement



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

Check the appropri	ate box(es) bel	low:
☐ SPECIAL EV	ENT PERMIT	
∇ USE OF CO	UNTY PROPERTY	PERMIT PERMIT
	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in autho	orized parking areas only.
J		
Deputies (How Many?):		r road closure, traffic control and security on Banyan Street between Park Ave
	and Gilchrist Whi	ile wedding takes place.
ee for Services:	Traffic detail is \$	58/hr per deputy with a four hour minimum.
		·
Special Arrangements:	Each end of Ban participants. All c roadway as soon	yan Street must be blocked in order to provide safety and security to chairs, tables and other items used for the event must be removed from the n as possible in order to reopen Banyan Street.
	Print Name:	Captain. S. Brady
	Signature:	Capt Steven 7 Brody
	Title:	Special Events, Permits and Details
	Date:	[-15-21

# Carmine Marceno Sheriff



State of Florida County of Lee

"Proud to Serve"

Dear Valued Vendor,

We are sending this letter as notification that as of January 10, 2019, we will be raising our detail rates by \$8.00 an hour per deputy. Although we review our detail rates annually, we have not had a rate increase since October 2006 and felt that it was an appropriate time to do so. Our rate schedule as of January 10, 2019 will be:

Security rate \$48.00/hr

Supervisor rate \$58.00/hr

Funeral escort rate \$48.00/hr

Boat rate \$48.00/hr

Traffic rate \$58.00/hr

Traffic Supervisor \$68.00/hr

Holiday/Last Minute rate \$68.00/hr

Civil Stand-by rate \$68.00/hr

Community Service Aid (CSA) \$38.00/hr

CSA Holiday rate \$48.00/hr

All vehicle fees and boat fees will remain the same as they have been. We will still have a four hour minimum on all of our details as well.

Along with this notification you will find the amended detail paperwork for 2019. Please read everything that is enclosed, sign it in the designated areas and return it via email to <a href="mailto:details@sherifileefl.org">details@sherifileefl.org</a> or mail it to:

Lee County Sheriff's Office

Attn: Details Unit

14750 Six Mile Cypress Pkwy

Fort Myers, FL 33912

If information on the paperwork needs to be corrected please contact the Details Unit at 239-477-1199. Corrections will be made and a new packet will be sent to you immediately.



"The Lee County Sheriff's Office is an Equal Opportunity Employer"
14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

# 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 rates are:

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	<b>Prisoner Transport</b>	\$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 COUNTY SHERIFF'S OFFICE USE ONLY				
Total Deputy(ies) 2	Total Hours 4 each	Rate per Hour	Vehicle Rate Waived	
Supervisory Deputy(ies)	Total Hours	Rate per Hour	Vehicle Rate	
Entity				



#### Detail Request Form - continued

LCSO Details Main Pl	hone Number: 239-477-1199
Vendor	Information
Business Name: Lunan and Baily Wedding	
500 Palm Ave	
	State: FL Zip Code: 33921
Į.	Phone: 719-344-3073
fibacademyusa@gmail.com	
Event I	nformation ************************************
Detail Location: Banyan Street Between Park	and Gilchrist
Street:	
	State: FL Zip Code:
Contact During Event: Tricia Lunan	Phone: 719-344-3073
	Event Time: 330p-730p
Anticipated Crowd Size : 35	
	✓ No If Yes, how many?
Permits Attached:  Yes  No	Alcohol Served: Yes V No
Detail Is	nformation
Security Traffic 🗸	Prisoner Transport
Escort Holiday	Funeral Escort
Last Minute Stand-by Stand-by	1
Marked Vehicle  Yes  No	Unmarked Vehicle  Yes  No
Uniformed Deputy  Yes  No	Plain Clothes Deputy 🔲 Yes 🔽 No
Detail Description:	
wedding takes place. Each end of Banyan Street mu participants. All chairs, tables and other items used f possible to reopen Banyan Street. Payment is due of	curity on Banyan Street between Park Ave and Gilchrist while ust be blocked in order to provide safety and security to the for the event must be removed from the roadway as soon as one month before the event in the form of a cashiers check, now. If for any reason the wedding is canceled, the Sheriff's or schedule. Estimated total for detail \$464.



#### 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 Lunan - Baily Wedding , (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. <u>Authority</u>.

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**.

#### 2. 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. Termination of Agreement.

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. Severability.

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. <u>Indemnification</u>.

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. <u>Extra-Duty Detail Indemnification</u>.

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
Lunan - Baily Wedding	5.1.52
500 Palm Ave Boca Grande FL 33921	
Ву:	By: Sheriff/Designee
Delat Name	Ç .
Print Name:	Print Name:
Date:	Date:



#### 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:

T' SPECIAL EVENT PERMIT

IX USE OF COUNTY PROPERTY PERMIT

J- FILM PERI	VIIT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, F	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:	(*************************************	
Proceedings to the		None
Fire Extinguishing:		
		None
Special Arrangements:	site, to facilitate needed on Bany	per of guests and chairs, the permit holder must have a team available, on the immediate removal of all items/guests in case emergency access is an St. Any damage to BGFD vehicles while making access to emergency insibility of the permit holder. gency: DIAL 911
	Print Name:	C.W. Blosser
	Signature:	C.W. Biosser
	Title:	Fire Chief
	Date: 09/14/	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			
∪SE OF CO	UNTY PROPERTY P	ERMIT		
☐ FILM PERM	AIT.			
		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:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the 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		
	Title:	Division Chief		
	Date:	November 30, 2021		



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

Check the appropri	ate box(es) bei	OW:
SPECIAL EV		
	UNTY PROPERTY	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		OWE ALCOHOLIC BEVERAGES WITHIN LEE COONTI TACILITIES
1		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Park in designated	areas. No event parking on any portion of Banyan Street road right-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control.
	Print Name:	Bryan Miller
	Signature:	Bryan Miller Date: 2021.11.10 12:26:33 -05'00'
	Title:	Senior Project Manager
	Date:	November 19, 2021

# Lunan/Baily Banyan Street Wedding 6/25/2

Lee County Event Permit Application

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

Check the appropri	late box(es) bel	ow:					
SPECIAL EV	VENT PERMIT						
X USE OF CO	OUNTY PROPERTY	PERMIT					
j <sup>-</sup> i PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERA	AGES WITHIN LEE COUNTY FACILI	TIES			
FILM PERM	TIN						
		LEASE INDICATE BELOW PLY WITH FOR THEIR EVE	WHAT ARRANGEMENTS YOUR ONT.	ORGANIZATION			
Illumination:	Generators prohibl draped on trees or		nting on Banyan Street. Lights are not t	o be hung or			
Parking Areas:	Overflow Parking p	permitted at the Boca Grande	Community Center				
Special Arrangements:	<ul> <li>Must provide insurance with Lee County BOCC being additionally insured.</li> <li>Permit holder must adhere to all rules on the Use of County Lands for Weddings on Banyan Street.</li> <li>Residents on Banyan Street will be informed by a Parks &amp; Recreation representative that your wedding is taking place on June 25, 2022</li> <li>All wedding guests and participants must stay on County property at all times.</li> <li>A minimum of two (2) Lee County Sheriff's Deputies are required to be on site.</li> <li>See permit signature page contact list for contact information.</li> </ul>						
	Print Name:	Colleen Via	Joe Wier				
	Signature:	Calle. We	Joseph R Wier				
	Title:	Callen We Operations Manager 11/9/2021	, Supervisor				
	Date:	11/9/2021	11/9/21				



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

Cneck the appropriat	te box(es) bei	OW:
☐ SPECIAL EVE		PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	U	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an ed.
	Subject to proof	of insurance.
	Print Name:	Mike Figueroa
	Signature:	Mike Join-
	Title:	Risk Program Manager
	Date:	December 1, 2021



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2021

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							equire an endorsemen	t. Ast	tatement on
PRODUCER					CONTACT Robert V. Nuccio					
RV	Nuccio and Associates				PHONE	r. n. (800)	364-2433	FAX	(818)	980-1595
100000000000000000000000000000000000000	48 Riverside Drive				PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595  E-MAIL ADDRESS: support@rvnuccio.com					700 2070
	ıca Lake, CA 91602				ADDRE					
					INSURER A: Fireman's Fund Insurance Company				NAIC# 21873	
INSU	RED				INSURER B:					100
Tre	cia Lunan				INSURE					
	Box 633				INSURE	A		o		1
Boo	a Grande, FL 33921				INSURE	control				
					INSURE	March 1	15	- 15, 17, 17, 17		
CO	VERAGES CER	TIFIC	CATE	NUMBER:	moone			REVISION NUMBER:		
IN C E	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	✓ COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE ✓ OCCUR	1		OLP1073189		06/25/2022	5 5	EACH OCCURRENCE DAMAGE TO RENTED PREMISES	\$	1,000,000 1,000,000
	✓ Host Liquor Incl	15	1 1			1 12		MEDICAL EXPENSE	\$	None
								PERSONAL & ADV INJURY	\$	1,000,000
	OFAIL ACCRECATE LIMIT APPLIES BED.								\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  ✓ POLICY PRO- JECT LOC							GENERAL AGGREGATE		1,000,000
	The same state of the same sta	-		e e		2.0		PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER: AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT	\$	
	ANY AUTO								\$	
	OWNED SCHEDULED							BODILY INJURY (Per person)	0.2	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY					·		(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
AND EMPLOYERS LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBEREXCLUDED?		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
						-				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Date of Event: From 12:01AM on 06/25/2022 to 12:01AM 06/27/2022  Type of Event: Wedding (Rehearsal, Rehearsal Dinner, Ceremony, Reception)  Additional Insured: Lee County Board of County Commissioners Wording:  THIS CERTIFICATE IS NOT VALID WITHOUT THE RVNA ADDITIONAL INSURED ENDORSEMENT FORM										
CF	RTIFICATE HOLDER				CANO	CELLATION				
Lee County Board of County Commissioners			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
Po Box 398 OK 12/01/2021						EREOF, NOTICE WILL I Y PROVISIONS.	DE DE	FIVEKED IN		
Boca Grande, FL 33921										
Mike Igin _ A				AUTHORIZED REPRESENTATIVE						
Rober						Robert V. Nuccio				





## PRIVATE EVENT INSURANCE / Personal Liability Coverage Additional Insured Endorsement

**Policy Number:** OLP1073189 **Endorsement Number:** 

You, the **Honoree** and we agree that **SECTION II PRIVATE EVENT CANCELLATION INSURANCE LIABILITY COVERAGE** is amended to include as an insured, the person or organization shown below as an additional insured, but only to the extent that liability results from the sole negligence of the **Named Insured**.

#### Additional Insured(s)

01. Additional Insured

Lee County Board of

Name

County

Street Address

Commissioners

City

Po Box 398

City

**Boca Grande** 

State

FL

Zip Code

33921

Effective Date

12:01AM on

06/25/2022

All other terms and conditions of the policy remain unchanged. This endorsement does not provide the Additional Insured(s) with any coverage under SECTION I - PRIVATE EVENT INSURANCE PROPERTY COVERAGE.

Robert V. Nuccio Authorized Signature

Lobert V. Junio





#### PRIVATE EVENT INSURANCE / General Change Endorsement

**Endorsement Effective Date: 11/24/2021** 

Endorsement Number: 01 Policy Number: OLP1073189

**Issuing Company** 

Fireman's Fund Insurance Company 777 San Marin Drive Novato, CA 94998-2000 1-800-ENGAGED **Program Administrator** 

R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive, 2nd Floor Toluca Lake, CA 91602 1-800-ENGAGED (800-364-2433)

#### Part 1 - General Information

**Named Insured Name and Address** 

Insured Name
Insured Address

Trecia Lunan Po Box 633 Boca Grande, FL 33921

#### Part 2 - Policy Period

Inception Date 11/24/2021 12:01a.m. to Expiration Date 06/27/2022 12:01a.m. Standard Time at the **Named Insured's** address as stated above.

#### Part 3 - Private Event Type

Event Type: Wedding (Rehearsal, Rehearsal Dinner, Ceremony, Reception)

#### Part 4 - Endorsement Type

#### New/Changed Information, Coverages and Premiums

Applicant First Name: Trecia Applicant Last Name: Lunan Applicant Address: Po Box 633

#### Part 5 - Amount Due or Credited Amount

Total Amount Due or Credited Amount (If Credit, Dollar Amount is in Parentheses)

\$0.00