

# **EVENT PERMIT**



Ordinance 17-08

# Victory Church - 2nd Annual July 4th Fireworks Event PERMIT NUMBER: TMP2022-00183

Date(s) of Event: July 4, 2022

Property Owner:

VICTORY CHRISTIAN CENTER NETWORK OF CHURCHES

Applicant:

Luis Galarza 2393039585

Description:

July Fourth celebration with live music, food trucks and fireworks display (under

separate permit) from 5:00PM until 10:00PM

Location of event:

1201 TAYLOR LN, LEHIGH ACRES, FL 33936

Victory Church 1201 Taylor Ln Lehigh Acres

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

Will the event be held on County Owned Property? Yes No

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 / Da

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMP2022-00183



# **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  | FORMATION (All Permit Types)                                      |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Title of Event / Name of<br>Production   | 4th July Fireworkshow (2nd Annual)                                |  |  |  |  |  |  |  |
| Date(s) of Event /<br>Production:  | 07/04/22 5pm-10pm   |  |  |  |  |  |  |  |
| Location(s) of Event:  | 1201 Taylor lane, Lehigh Acres, F1, 33934                         |  |  |  |  |  |  |  |
| Name of Applicant:   | victory Christian center network of Churches                      |  |  |  |  |  |  |  |
| Applicant Address:   | 1201 Taylor lane, Lehigh Acres, F1, 3393 le                       |  |  |  |  |  |  |  |
| Applicant Phone Number:  | 239-303-9585  |  |  |  |  |  |  |  |
| Contact Person:<br>(If different from applicant)                                 | Luis Galarza  |  |  |  |  |  |  |  |
| Contact Phone Number:<br>(If different from applicant)                           | 239-440-8482  |  |  |  |  |  |  |  |
| Email Address:   | Luis Q victory of lehigh, com                                     |  |  |  |  |  |  |  |
| Estimated Attendance:  | 1,000   |  |  |  |  |  |  |  |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | 5:00pm-9:00pm-Live Music, Food<br>9:00pm-10:00pm-Firework Display |  |  |  |  |  |  |  |
| Hours of Operation:  |   |  |  |  |  |  |  |  |
| STRAP # of Parcel:   | 31-44-27-05-00001-0040+0140 (+018A) Area                          |  |  |  |  |  |  |  |
| Owner of Premises*:  | Victory Christian center network of Churchs,                      |  |  |  |  |  |  |  |

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



| What is the Zoning Classification of the premises? Commercial   |
|---|
| re any temporary structures to be installed for the event?   Yes   No Type:   |
| o you have the appropriate permits for the temporary structures?  |
| For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities dentified, including all parking areas.   |
| nsurance Company Insuring the Event:  |
| lote: Certificate of Insurance must be submitted at time of application   |
| Surety Company Bonding this Event (Name and Address):   |
| Will Vehicles be Used as Part of This Event? Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?   |
| ΓYes XNo XYes ΓNo ΓYes XNo  |
| If yes, automobile coverage must be included on the certificate of insurance.  If yes, products liability coverage must be included on the certificate of insurance.  If yes, products liability coverage must be included on the certificate of insurance. |
| Name & Address of Organization Providing Food: Food Truch, Victory Church   |
| Type of Food being Served: Food Truck Variety, Snowcones  |
| Section II - USE OF COUNTY PROPERTY PERMIT  |
| Organization Sponsoring the Event: <u>Victory Christian Center Network of Ch</u> urche  |
| Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT   |
| s alcohol being sold/consumed on County Property? Yes X No  |
| Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.   |
| Non-profit certificate/registration number: Required if alcohol is to be <u>SOLD</u> at the event)  |
| lease note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for urther details  |



| Type of Production (choose all that ap   | ply):                         |                    |                       |   |  |  |  |  |
|--|-------------------------------|--------------------|-----------------------|---|--|--|--|--|
| TV Movie or Special  | TV Series / Pilot             | TV Comm            | ercial 🦟 Still Pho    | tos   |  |  |  |  |
| Public Service Announcement  | Industrial / Documentary      | K Other: Y         | broll Church          | 1 Organazanion                                      |  |  |  |  |
| Will any of the following be needed or   | included*?                    |                    |                       |   |  |  |  |  |
| Street Closure   |                               | ┌─ Yes             | ₹ No                  |   |  |  |  |  |
| Traffic / Crowd Control  |                               | ┌ Yes              | 区 No                  |   |  |  |  |  |
| Fire or Burning  |                               | ┌ Yes              | IX No                 |   |  |  |  |  |
| Explosives or Pyrotechr  | ics                           | IX Yes             | ┌ No                  |   |  |  |  |  |
| Animals, Large or Small  |                               | ┌─ Yes             | ▼ No                  |   |  |  |  |  |
| Construction of Any Kin  | d                             | ☐ Yes              | IX No                 |   |  |  |  |  |
| Large and/or Numerous  | Vehicles                      | ┌ Yes              | IX No                 |   |  |  |  |  |
| Helicopters, Boats, etc.   |                               | ☐ Yes              | ⊠ No                  |   |  |  |  |  |
| Stunts   | 1                             | ┌ Yes              |                       |   |  |  |  |  |
| Other  |                               | ┌ Yes              | 区 No                  |   |  |  |  |  |
| *For any marked Yes, provide further details below:  We will have Fireworkshow with it's own permit.  Adress is 1201 Taylor lane, Lehigh Acres, F1, 33936  |                               |                    |                       |   |  |  |  |  |
| Special Parking Requirements:  |                               |                    |                       | gara dan akan dan dan dan dan dan dan dan dan dan d |  |  |  |  |
| N  | ersonnel, equipment, faciliti | es, etc.)          |                       |   |  |  |  |  |
| NIA  |                               |                    |                       |   |  |  |  |  |
| The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. |                               |                    |                       |   |  |  |  |  |
| Number in Cast: N/A  | Number in Crew:               | Nu                 | mber of locals hired: |   |  |  |  |  |
| Total budget:  | Estimate amount spe           | ent in Lee County: |                       |   |  |  |  |  |
| Hotel room nights:   | Number of shooting of         | days:              | 1                     |   |  |  |  |  |



### **SECTION I - SAFETY**

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

### **SECTION II - INSURANCE**

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

### **SECTION III - INDEMNIFICATION**

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

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

### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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



### **SECTION V - AGREEMENT**

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

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

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

Signature of Applicant

Print Name of Applicant and Title

6/6/22

Date

<u>XIMENA VIIIASIS</u>

Print Name of Witness

06/06/22

Dat



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

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

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT APPANCE

| WILL REQUIRE THE APP  | LICANT TO COM    | PLY WITH FOR THEIR EVENT.   |
|-----------------------|------------------|---|
| Parking:              |                  | rized areas only. All right-of-ways must be kept clear in the event emergency as need to respond. Parking will be handled by Victory Church volunteers in ever volunteers are not permitted in roadway without all mandated safety led but not limited to: safety traffic vests, flashlights and flashlight cones.                                |
| Deputies (How Many?): | None             |   |
| Fee for Services:     | None             |   |
| Special Arrangements: | remain secure. L | nd must adhere to the Lee County noise ordinance. Event should not impede the affic. Event coordinator is responsible for ensuring fireworks and launch site ehigh Fire has approved the event and is aware of potential fire hazards. By this agency that Victory Church is working in conjunction with Lehigh Fire to follows their guidelines. |
|                       | Print Name:      | Captain, S. Brady   |
|                       | Signature:       | Capt. of len Graly  |
|                       | Title:           | Special Events, Permits and Details   |
|                       | Date:            | 6/10/22   |



### 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 EV  | VENT PERMIT  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| USE OF COUNTY PROPERTY PERMIT   |  |  |  |  |  |  |  |  |
| PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |  |  |  |  |  |  |  |  |
| ☐ FILM PERMIT   |  |  |  |  |  |  |  |  |
| AFTER REVIEWING THE A<br>ORGANIZATION WILL REC                              | PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. |  |  |  |  |  |  |  |
| Fire Guards (How<br>Many?)  | See attached five review comments  |  |  |  |  |  |  |  |
| Fee for Services:   |  |  |  |  |  |  |  |  |
| Flammable Vegetation:   | Not permitted  |  |  |  |  |  |  |  |
| First Aid Equipment:  | See attached fire review comments  |  |  |  |  |  |  |  |
| Fire Extinguishing:   | See attach fire review comments  |  |  |  |  |  |  |  |
| Special Arrangements:   | See attack fire review comments  |  |  |  |  |  |  |  |
|   | Print Name: Ken Bennett  Signature: La Beth  Title: Asst Chief of Life Safety, Fire Marshel  Date: 6/10/20   |  |  |  |  |  |  |  |
|   | - WITO 1 00  |  |  |  |  |  |  |  |

# Lehigh Acres Fire Control and Rescue District



Life Safety Division

636 Thomas Sherwin Ave S. Lehigh Acres Fl 239-303-5335 LifeSafety@Lehighfd.com

Mailing Address: 11 Homestead Rd S Lehigh Acres Fl 33936 www.Lehighfd.com

June 21, 2022

Attention: Lee County Community Development

Via: Group email - PlanReview@Leegov.com, OCCsZoning@Leegov.com

### PROJECT PLANS APPROVED WITH STIPULATIONS

Reference: TMP2022-00159

Project Title: Victory Church

1201 Taylor Ln - Lehigh Acres, FL 33936

Applicant: Victory Church – Luis Galarza

1201 Taylor Ln

Lehigh Acres FL 33936

Project Description: Special Event – 4th of July Celebration

This project has received a fire review from the Lehigh Acres Fire Control and Rescue District to determine compliance with the Florida Fire Prevention Code, as required within Florida Statues 553.79(2). This fire review is limited to the documents provided to the fire district by the applicant. The following stipulations for fire review approval of the application are as follows:

### **STIPULATIONS**

The following comments are provided based upon sheet/page 7 of the Lee County Event Application that was presented for fire review of the proposed event. The event has estimated a crowd size of 1000 persons or more.

- 1. This event shall maintain at least one (1) crowd manager for every 250 persons associated with the event. At least one (1) crowd manager supervisor shall be present where more than one (1) crowd manager is required. This event shall have at least four (1000 person crowd) at all times with additional crowd managers being provided where the size of the crowd increases above 1000 persons. NFPA 101-12.7.6. Persons designated and/or serving as a crowd manager shall meet the qualifications for a crowd manager as found within NFPA 101-12.7.6. Crowd managers shall maintain appropriate communication equipment for to communicate with other staff and 911. They must also maintain adequate illumination devices on their person at all times to aid in crowd control.
- Food truck/trailers shall be inspected and approved by the fire district not later than Friday, July 1, 2022. Mobile food vendors inspected and approved by the fire district six months or less are not required to be reinspected unless they have

- undergone changes to their mobile unit/equipment. Mobile food vendors shall comply with the requirements of NFPA 1-50.
- 3. Event application notes the time of the event from 5 PM until 10 PM. As Lee County EMS has waived comments to Lehigh Acres for EMS protection, and as the event size is noted at 1000 or more persons, a Lehigh Acres ambulance/rescue shall be provided at the event from 5 PM until 10 PM. Based upon Lehigh Acres Fire Control and Rescue District resolution 22-03-01 Exhibit A, Section G.4 and G.14, fire district staff and an ALS ambulance rate of \$141.76 per hour for the five (5) hour scheduled period shall be paid to the district to staff an ambulance for this event. Total fee for the ambulance and crew is \$708.80 and must be paid prior Friday, July 1, 2022 to the fire district. The ambulance will serve as the first aid crew for this event and will need to be provided with a point to stage the ambulance within the event. An access road of at least 20 feet in clear width shall be maintained and open for access of fire, police, and other emergency vehicles to within 200 feet of all buildings.
- 4. This event will start or lead to a fireworks display for which permit TMP2022-00161 is being reviewed. No unauthorized person(s) are allowed within the exclusion zone while fireworks are on site and during the launching of the fireworks. This area will need to be provided with barricades to prevent access. Fire truck access must be provided in the event of an emergency.
- 5. A 2A:10B:C rated fire extinguisher shall be available to all areas of the event with a maximum travel distance of 75 feet. A 2A:10B:C fire extinguisher shall be within 20 feet of food cooking operations. Each mobile food vendor should have their own equipment.
- 6. Fireworks that leave the ground are not permitted within the special event, except under the supervision and approval of TMP2022-00161 within the designated discharge zone.
- 7. A Lehigh Acres Fire Control and Rescue District fire engine and/or brush truck is being assigned to this event at the time the fireworks are scheduled to be discharged. The event manager shall call the on-duty Battalion Chief (239-896-0140) a minimum of 2 hours before the scheduled fireworks to verify time for the discharge of the fireworks and placement of the fire suppression unit(s) for this event. TMP 2022-00161 notes fireworks at 9 PM.
- 8. A fire inspection will be required for both special event permits. The inspection for the band stage, mobile food vendor placement, tents, access (etcetera) for the main event must have all elements ready for inspection by 4 PM, the day of the event. The inspection for the fireworks discharge must be ready for inspection no later than 7:30 PM, the day of the event, to ensure an adequate amount of daylight is available to safely conduct the fire inspection. This inspection will not be postponed to a later time.

Should you have any questions or comments regarding the fire review comments, please email KenB@Lehighfd.com upon receipt of these comments. These comments are being forwarded to Lee County Community Development as the fire review for this project, and to the applicant for this project. It should be noted that only the following pages were provided for the fire review: 1, 2, 3, 4, 5, 7, 8, 9 and aerials #1, #3, #4, #5, #7, A, and B.

Respectfully, *Keu Bennett* Fire Marshal



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

Check the appropriate box(es) below:

- □ 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.

| Treatment Facilities:            | See Special Ar   | rangements below.  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|
| Medical Personnel:               | See Special Ar   | rangements below.  |  |  |  |  |  |  |  |
| Medical Supplies /<br>Equipment: | See Special Ar   | See Special Arrangements below.  |  |  |  |  |  |  |  |
| Safety Requirements:             | See Special Ar   | rangements below.  |  |  |  |  |  |  |  |
| Fee for Services                 | See Special Arr  | See Special Arrangements below.  |  |  |  |  |  |  |  |
| Special Arrangements:            | LCEMS defers to Lehigh Acres Fire Control and Rescue District for specifying EMS coverage for this event, as it falls within their response district. Their contact information is: Phone: 239-303-5300 Email: firerescue@lehighfd.com |  |  |  |  |  |  |  |  |
|                                  | Print Name:  | Douglas B. Higgins   |  |  |  |  |  |  |  |
|                                  | Signature:   | Douglas B. Higgins  De colouglas and Supera Services, constructions Chief, Special  Des 2002 2003 10 Supera Services, constructions  Des 2003 2003 10 Supera Services  Des 2003 2003 2003 2003 2003 200 |  |  |  |  |  |  |  |
|                                  | Title:   | Division Chief, Support Services   |  |  |  |  |  |  |  |
|                                  | Date:  | June 6, 2022   |  |  |  |  |  |  |  |



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

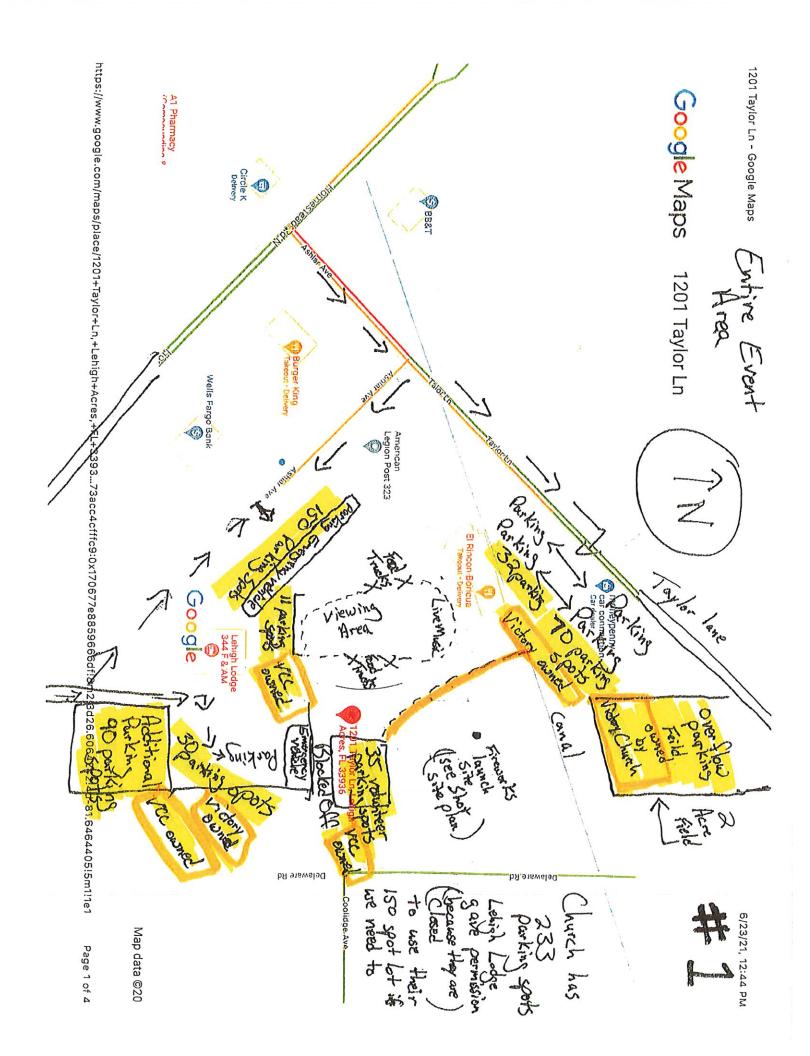
| Γ USE OF CC   | UNTY PROPERTY       | ' PERMIT  |   |                     |  |  |  |  |
|---|---------------------|---|---|---------------------|--|--|--|--|
| PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |                     |   |   |                     |  |  |  |  |
| FILM PERMIT   |                     |   |   |                     |  |  |  |  |
|   |                     | PLEASE INDICATE BELOV<br>PLY WITH FOR THEIR EVE | V WHAT ARRANGEMENTS<br>NT.  | S YOUR ORGANIZATION |  |  |  |  |
| Parking:  | No event parking p  | permitted on Lee County ma                      | intained road rights-of-way.  |                     |  |  |  |  |
|   |                     | ,   | •   |                     |  |  |  |  |
| Ingress and Egress:   | Use all established | means of ingress and egress                     | S.  | 9                   |  |  |  |  |
|   |                     |   |   |                     |  |  |  |  |
| Special Arrangements:   | Use Lee County Sh   | neriff's Office for assistance w                | vith traffic control as needed.                                       |                     |  |  |  |  |
|   |                     |   |   |                     |  |  |  |  |
|   |                     |   |   |                     |  |  |  |  |
|   | Print Name:         | Bryan Miller                                    |   |                     |  |  |  |  |
|   | Signature:          | Bryan Miller                                    | Digitally signed by Bryan Miller<br>Date: 2022.06.10 07:30:12 -04'00' |                     |  |  |  |  |
|   | Title:              | Senior Project Manager                          |   |                     |  |  |  |  |
|   | Date:               | June 10, 2022                                   |   |                     |  |  |  |  |



# LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS, FLORIDA 33916 (239) 533-7275

| ,                     | ENT PERMIT<br>UNTY PROPERTY PERMIT<br>SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES                  |
|-----------------------|--|
| AFTER REVIEWING THE A | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.             |
| Illumination:         | N/A  |
| Parking Areas:        | N/A  |
| Special Arrangements: | Frent is not on or near Lee Country Parks : Pec property. This event will not interfere wif park operations or programs. |
|                       | Print Name: Alise Flanjack  Signature: Alise Flanjack  |
|                       | Date: Deputy Director  Date: 6/6/2022  |
|                       |  |

July 4th Fireworks Victory Chrohoir Center in Lebyh



Monroe O,

Montoe Dr

Coolidge Av

Sunshine Plaza

Map data ©2021 Google

https://www.google.com/maps/@26.6067204,-81.646926,18z/data=!5m1!1e1

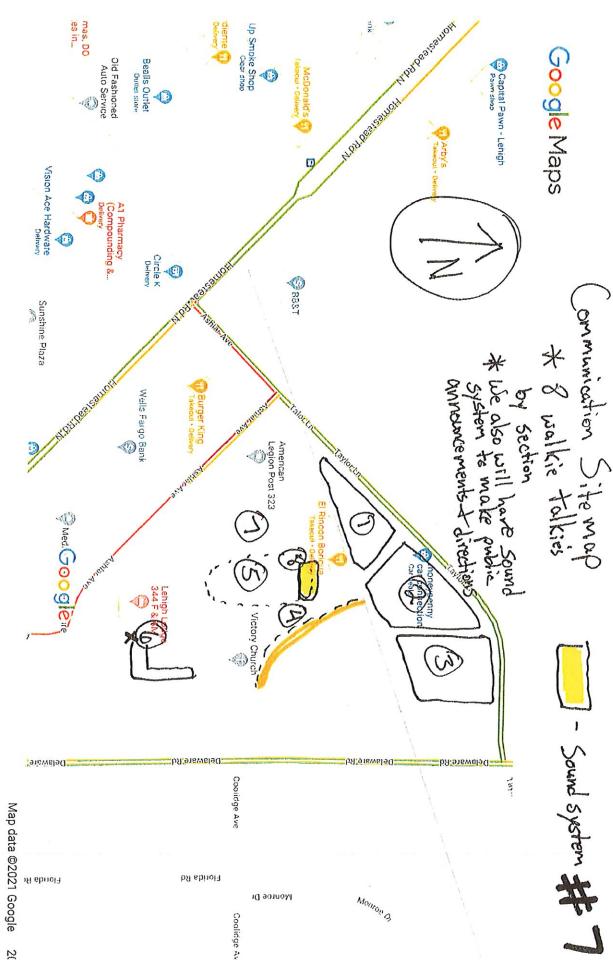
Map data ©2021 Google

https://www.google.com/maps/@26.6067204,-81.646926,18z/data=!5m1!1e1

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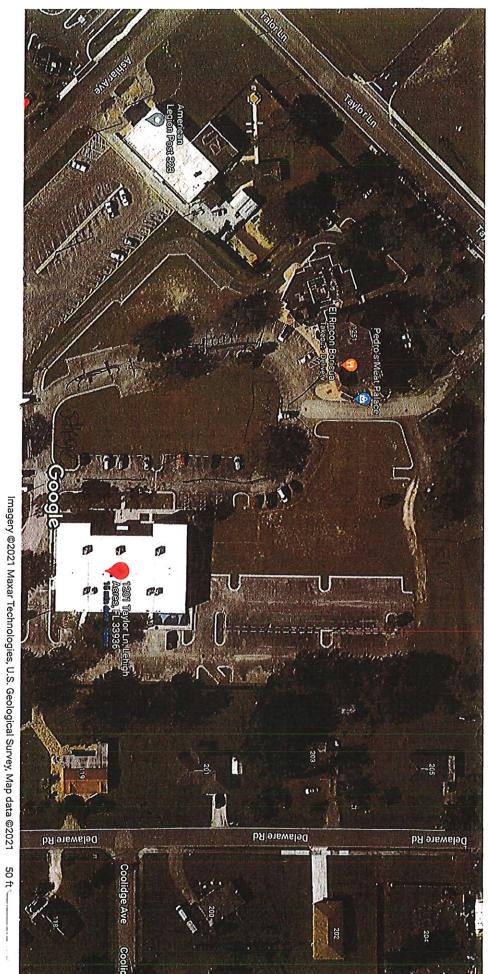
Page 1 of 4

Map data ©2021 Google





# Google Maps 1201 Taylor Ln



50 ft "\_







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

| Check the appropriat   | te box(es) bel                | ow:   |
|------------------------|-------------------------------|---|
|                        | NT PERMIT<br>NTY PROPERTY     | PERMIT  |
| •                      |                               | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERMIT            | Ī                             |   |
|                        |                               | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OF 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:  |                               |   |
|                        | Print Name: Signature: Title: | Mike Figueroa  Mike Figueroa  Risk Program Manager  |
|                        | Date:                         | June 20, 2022   |
|                        |                               |   |



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER  |          |        |                                  | CONTACT Dorothy McQuillan  |                    |                   |                                   |            |         |       |
|---|----------|--------|----------------------------------|--|--------------------|-------------------|-----------------------------------|------------|---------|-------|
| AL DELEON & ASSOCIATES, INC   |          |        |                                  | PHONE (A/C, No, Ext): (239) 368-5775 FAX (A/C, No): (239) 368-3720   |                    |                   |                                   |            |         |       |
| 2814 LEE BVLD.  |          |        |                                  | E-MAIL dottie@aldeleonins.com  |                    |                   |                                   |            |         |       |
| UNIT 19   |          |        |                                  | INSURER(S) AFFORDING COVERAGE NAIC #   |                    |                   |                                   |            | NAIC#   |       |
| LEHIGH ACRES  |          |        | FL 33971                         | INSURE   | NON INC            | URANCE GRO        |                                   |            |         |       |
| INSURED   |          |        |                                  | INSURE   | V. (1000)          |                   |                                   |            |         |       |
| Victory Christian Center Network  | c of Ch  | nurche | es, Inc.                         | INSURER C:   |                    |                   |                                   |            |         |       |
| 1201 Taylor Ln Ext  |          |        |                                  |  |                    |                   |                                   |            |         |       |
| •   |          |        |                                  | INSURER D:   |                    |                   |                                   |            |         |       |
| Lehigh Acres  |          |        | FL 33936                         | INSURER E : INSURER F :  |                    |                   |                                   |            |         |       |
|   | TIFICA   | ΔTF N  | NUMBER: CL226172106              |  | KF.                |                   | REVISION NUM                      | BFR.       |         |       |
| THIS IS TO CERTIFY THAT THE POLICIES OF I   |          |        | TOMBETT                          |  | TO THE INSU        |                   |                                   |            | OD      |       |
| INDICATED. NOTWITHSTANDING ANY REQUIL CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH PO | AIN, TH  | IE INS | SURANCE AFFORDED BY THE          | POLIC  | ES DESCRIBEI       | D HEREIN IS S     |                                   |            | HIS     |       |
| INSR  | ADDL     | SUBR   |                                  | POLICY EFF   POLICY EXP  |                    |                   |                                   |            |         |       |
| TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY   | INSD     | WVD    | POLICY NUMBER                    |  | (MM/DD/YYYY)       | (MM/DD/YYYY)      |                                   |            | s 1,00  | 0.000 |
|   |          |        |                                  |  |                    |                   | DAMAGE TO RENTE                   | ED         | s 100,  |       |
| CLAIMS-MADE OCCUR   |          |        |                                  |  |                    |                   | PREMISES (Ea occu                 |            | s 5,00  |       |
|   | Y        |        | IJA351244C                       |  | 07/04/2022         | 07/05/2022        | MED EXP (Any one p                | NULDY      | \$ 1,00 |       |
| OFAIL ACORECATE LIMIT APPLIES DED.  |          |        |                                  |  |                    |                   | GENERAL AGGREG                    | 2 000 000  |         |       |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |          |        |                                  |  |                    |                   | PRODUCTS - COMP                   | 1,000      |         |       |
| POLICY JECT LOC   |          |        |                                  |  |                    |                   | PRODUCTS - COMP                   |            | \$      |       |
| OTHER: AUTOMOBILE LIABILITY   |          | -1     |                                  |  |                    |                   | COMBINED SINGLE                   |            | \$      |       |
| ANY AUTO  |          |        |                                  |  |                    |                   | (Ea accident) BODILY INJURY (Pe   |            | \$      |       |
| OWNED SCHEDULED   |          |        |                                  |  |                    | 1                 | BODILY INJURY (Pe                 |            | \$      |       |
| AUTOS ONLY AUTOS NON-OWNED  |          |        |                                  |  |                    |                   | PROPERTY DAMAG                    |            | \$      |       |
| AUTOS ONLY AUTOS ONLY   |          |        |                                  |  |                    |                   | (Per accident)                    |            | \$      |       |
| UMBRELLA LIAB OCCUR   | $\vdash$ | -      |                                  |  |                    |                   |                                   |            |         |       |
| FYOTOGLIAR HOCCOR   |          |        |                                  |  |                    |                   | EACH OCCURRENC                    | CE         | \$      |       |
| CLAIMS-MADE   |          |        |                                  |  |                    |                   | AGGREGATE                         |            | \$      |       |
| DED   RETENTION \$<br>  WORKERS COMPENSATION  |          |        |                                  |  |                    |                   | PER<br>STATUTE                    | OTH-<br>ER | \$      |       |
| AND EMPLOYERS' LIABILITY Y/N  |          |        |                                  |  |                    |                   |                                   |            |         |       |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A      |        |                                  |  |                    |                   | E.L. EACH ACCIDEN                 |            | \$      |       |
| (Mandatory in NH) If yes, describe under  |          |        |                                  |  |                    |                   | E.L. DISEASE - EA E               |            | \$      |       |
| DÉSCRIPTION OF OPERATIONS below   |          |        |                                  |  |                    |                   | E.L. DISEASE - POL<br>EACH OCCURA |            | 1.00    | 0,000 |
| Event Insurance   |          |        | W02222802                        |  | 07/04/2022         | 07/05/2022        | GENERAL AGG                       |            |         | 0,000 |
| ^   |          | 1      | VV02222002                       |  | 0110412022         | 0110312022        | GENERALAGGI                       | NEGATE     | 3,00    | 0,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE   | S (ACC   | ORD 10 | 01, Additional Remarks Schedule, | may be a   | ttached if more sp | pace is required) |                                   |            |         |       |
|   |          |        | OK 06/20/                        | 2022   |                    |                   |                                   |            |         |       |
|   |          |        | Thise                            | The  | ·                  |                   |                                   |            |         |       |
|   |          |        |                                  | 10   |                    |                   |                                   |            |         |       |
| CERTIFICATE HOLDER  |          |        |                                  | CANC   | ELLATION           |                   |                                   |            |         |       |
| Lee County BOCC   |          |        |                                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                    |                   |                                   |            |         |       |
| PO Box 398  |          |        |                                  | AUTHORIZED REPRESENTATIVE  |                    |                   |                                   |            |         |       |
|   |          |        |                                  |  |                    |                   |                                   |            |         |       |
| Fort Myers FL 33902   |          |        |                                  | Wolling War  |                    |                   |                                   |            |         |       |