

#### **EVENT PERMIT**



Ordinance 17-08

#### Hooter's River, Roots and Ruts

PERMIT NUMBER: TMP2023-00310

Date(s) of Event: March 5, 2023

**Property Owner:** 

TIITF/COUNTIES

Applicant:

JOHN RINKENBAUGH

239-225-0234

Description:

10 mile trail race limited to 350 participants Sunday March 5, 2023 from 6:00am until

12:00pm.

Location of event: 19130 N RIVER RD, ALVA, FL 33920

Caloosahatchee Regional 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? No

#### Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners Lee County/Florida

ftmpprmt\_specialevent.rpt



### **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **Event Application**

Check the appropri	ate box(es) below:
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☐ SPECIAL EVENT PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Title of Event / Name of Production	Hooter's River, Roots and Ruts
Date(s) of Event / Production:	Sunday, March 5, 2023
Location(s) of Event:	Caloosahatchee Regional Park, 19130 N. River Rota
Name of Applicant:	John Rinkenbaugh/Fort Myers Track Club
Applicant Address:	Box 60131 Fort Myers, FL 33906-6131
Applicant Phone Number:	239-225-0234
Contact Person: If different from applicant)	
Contact Phone Number: (If different from applicant)	239-464-4602
Email Address:	johnrink@comcast.net
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	10 mile trail race limited to 350 participants
Hours of Operation:	6 a.m. to Noon including set up and clean up
STRAP # of Parcel:	204327000000 10060
Owner of Premises*:	Lee County

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



what is the Zoning Classification of the	e premises?		
Are any temporary structures to be ins	talled for the event?   Yes   No	Type:	
Do you have the appropriate permits for	or the temporary structures?	☐ Yes ☐ No	
* For a 'Special Event' and 'Use of Counidentified, including all parking areas.	nty Property' permit, submit a site plan wit	th all proposed facilities and activ	ities
Insurance Company Insuring the Event	: Road Runner's Club of A	America	
Note: Certificate of Insurance must be submitted	ed at time of application		
Surety Company Bonding this Event (N	ame and Address):		
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Eve	
┌─ Yes ┌─ No	▼ Yes	┌─ Yes	
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 included on the certificate of insura	
Providing Food:	Fort Myers Track Club P.O. Box 60 er bars, oranges, cookie		3131
Section II - USE OF COUNTY P	ROPERTY PERMIT		
Organization Sponsoring the Event:	Fort Myers Track Club		
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES F	PERMIT	
Is alcohol being sold/consumed on Cou	unty Property?	Yes No	
If Yes, then a "Lee County Alcohol Permit" is required	d. Only non-profit organizations can sell alcohol on County	y Property.	
Non-profit certificate/registration nun (Required if alcohol is to be <u>SOLD</u> at the event)	nber:		
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-08	85 for



pe of Production	(choose all tha	t app	oly):							
TV Movie or Sp	ecial		TV Series / Pilot	$\Gamma$	TV Comme	rcial		Still Photos		
Public Service A	nnouncement	Γ	Industrial / Documentary	$\Gamma$	Other:					_
ll any of the follo	wing be neede	ed or	included*?							
Stree	t Closure				☐ Yes	X	No			
Traff	ic / Crowd Con	trol				×	No			
Fire o	or Burning				┌ Yes	$\boxtimes$	No			
Explo	sives or Pyrote	echni	cs		☐ Yes	$\overline{\times}$	No			
Anim	ials, Large or Si	mall			┌ Yes	$\overline{\times}$	No			
Cons	truction of Any	/ Kind	1		☐ Yes	$\boxtimes$	No			
Large	and/or Nume	rous	Vehicles		☐ Yes	$\overline{\times}$	No			
Helio	opters, Boats,	etc.				$\overline{\times}$	No			
Stun	is				☐ Yes	$\overline{\times}$	No			
Othe	r				┌ Yes		No			
Special Parking R	equirements									
special ranking re										_
City or County Se	rvices Require	d: (Pe	ersonnel, equipment, facili	ties, et	c.)					
 						r1				
			d for local and state record available, please estimate				a to tra	ick the econo	mic im	pa
Number in Cast:			Number in Crew:		Nun	nber of	locals	hired:		
Total budget:			Estimate amount sp	ent in	Lee County:					
Hotel room nights	1		Number of shooting	g days:						
	number of rooms x	numb	er of nights		-					_



#### **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**

Date

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.

John Rinkenbaugh  Digitally signed by John Birkenbaugh  Digitally sign	What I
Signature of Applicant	Witness
John Rinkenbaugh/FMTC	JeAnne Hertel
Print Name of Applicant and Title	Print Name of Witness
11/30/2022	1/25/2023

Date



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

Check the approprie	ite box(es) below:
•	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	All parking will be in authorized areas only and the right of way must not be impeded at any time.
Deputies (How Many?):	One (1) deputy will be required for traffic control on N River Rd at the campground emergency access road where participants will cross.
Fee for Services:	Contact LCSO Details Unit for further information.
Special Arrangements:	It is understood by this office that with the exception of the crossing at N River Rd at the campground emergency access road, the race will be held on the grounds of the Caloosahatchee Regional Park. The crossing point is the only time that the participants will be outside of the confines of the park.  Print Name:
	Signature: Signature: Signature:
	Title: Tactical Support Division
	Date: /- 4-23



#### **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	ENT PERMIT									
☑ USE OF CO	USE OF COUNTY PROPERTY PERMIT									
☐ PERMIT TO	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES									
☐ FILM PERM	г									
	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.									
Fire Guards (How Many?)	Not applicable									
Fee for Services:	Not applicable									
Flammable Vegetation:	Not applicable									
First Aid Equipment:										
Fire Extinguishing:										
Special Arrangements:		_								
	Print Name: Brandon Kuhn  Signature: Bre U  Title: Chief  Date: 1-23-2023									



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

Check the appropria	te box(es) belov	v:							
☐ SPECIAL EV	ENT PERMIT								
□ USE OF COU	JNTY PROPERTY P	ERMIT							
□ PERMIT TO	SELL AND CONSUI	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES							
FILM PERM	IT								
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR FANT TO COMPLY WITH FOR THEIR EVENT.							
Treatment Facilities:	None necessary.								
Medical Personnel:	None necessary.								
Medical Supplies / Equipment:	None necessary.								
Safety Requirements:		low all CDC and FDOH directives, and the Florida Governor's Executive health and safety, especially with regards to COVID-19 and the number of ng at the event.							
Fee for Services	Not applicable.								
Special Arrangements:	Please call 911 in t office at EMSDetail	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.							
	Print Name:	Douglas B. Higgins							
	Signature:	Douglas B. Higgins  Ogtally signed by Douglas B. Higgins Oth on Douglas B. Higgins Oth on Douglas B. Higgins Other Country Emergency Medical Services, Lee Country Photo Safety, on Driving Order, Special Operations and Support Services, a mail drivingins@seepor.com, en US December 2022 12.16 14.15.13.15-6500							
	Title:	Division Chief, Support Services							
	Date:	December 16, 2022							



#### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS, FL 33901 (239) 533-8580

Check the appropri	ate box(es) be	low:								
☐ SPECIAL EV	SPECIAL EVENT PERMIT									
□ USE OF CO	USE OF COUNTY PROPERTY PERMIT									
PERMIT TO	$\ \ \square$ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES									
☐ FILM PERM	IIT									
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.								
Parking:	No event park	ing permitted on Lee County maintained road rights-of-way.								
Ingress and Egress:	Use all established means of ingress and egress.									
Special Arrangements:	None.									
	Print Name: Signature: Title:	Bryan Miller  Bryan Miller  Digitally signed by Bryan Miller Date: 2022.12.07 07:51:45-05'00'  Senior Project Manager								
	Date:	December 7, 2022								



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

Check the appropri	ate box(es) be	low:						
SPECIAL E	/ENT PERMIT							
ズ  USE OF CC	UNTY PROPERTY	PERMIT						
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES						
FILM PERN	MIT							
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGAPLY WITH FOR THEIR EVENT.	NIZATION.					
Illumination:	Event organizer wi	ll need to provide temporary lighting if needed for pre-dawn set up.	***************************************					
Parking Areas:	Parking will be in the north parking lot, a small section of management area #3 directly north of the parking lot and along the 1st section of the horse trail called Sunburn Meadow. Volunteers parking cars will need to wear safety vest at all times. Insure fire lanes are not obstructed so emergency vehicles have access at all times.							
Special Arrangements:	Obtain and pay for port-a-lets from vendor of your choice. 1 port-a-let required per 50 participants. All rash and course markings are to be picked up and disposed of in the dumpster located at the campground at the conclusion of the event. Set up may start after 12 pm the day prior to the event. Only 1 camper or tent may be placed in the Sunburn Meadow parking area for security during setup, race day and clean up of the event.							
	Print Name:	Colleen Via						
	Signature:	Colleen Via						
	Title:	Operations Manager						
	Date:	1/9/2023						
ORP-RIVER foo 3/5/23	ls & Rut	Page  10						



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

e box(es) bei	ow:	
		ACILITIES
		OUR ORGANIZATION
limits of One Mill property damage Certificate Must F Lee County, a po and public officia with regard to ge	ion Dollars (\$1,000,000) per occurrence to protect against bode relative to applicants use of aforementioned event within Le Read As: litical subdivision and Charter County of the State of Florida, it als are automatic additional insureds and includes an automateneral liability. The certificate holder is an additional insured of	lily injury and/or e County. ss agents, employees, ic waiver of subrogation
political subdivis the certificate ho	ion and Charter County of the State of Florida, P.O. Box 398, Followship and as an additional insured as listed above.	
Print Name: Signature: Title: Date:	Mike Figueroa  Mike Figueroa  Risk Program Manager  December 20, 2022	
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	NT PERMIT NTY PROPERTY ELL AND CONSI  APPLICATION, P CANT TO COMP  Commercial gene limits of One Mill property damage Certificate Must I Lee County, a portion and public official with regard to gene and public official subdivision that the certificate has subject to proof  Print Name:  Signature:  Title:	NTY PROPERTY PERMIT  ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FATALISM AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FATALISM AND COMPLY WITH FOR THEIR EVENT.  Commercial general liability insurance to include participant legal liability cover limits of One Million Dollars (\$1,000,000) per occurrence to protect against body property damage relative to applicants use of aforementioned event within Lee Certificate Must Read As:  Lee County, a political subdivision and Charter County of the State of Florida, it and public officials are automatic additional insureds and includes an automate with regard to general liability. The certificate holder is an additional insured on noncontributory basis with regards to general liability.  A Certificate of Insurance shall be submitted as evidence of the required coverage political subdivision and Charter County of the State of Florida, P.O. Box 398, For the certificate holder and as an additional insured as listed above.  Subject to proof of insurance.  Print Name: Mike Figueroa  Signature: Mike Figueroa  Signature: Risk Program Manager



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2022

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)

th	is certificate does not confer rights to t	the c	ertifi	cate holder in lieu of such						
PRO	DUCER				CONTACT Margaret Mayers					
Insurance Management Group					PHONE (A/C, No E-MAIL	(260) 33	38-2434	FAX (A/C, No):	(765) 6	664-0761
127	12730 Coldwater Rd Ste 103					ss. mmayers(	@insmgt.com	T ( we) nop		
					ADDRE		SIIDED(S) VEEOE	DING COVERAGE		NAIC#
Fort	Wayne			IN 46845	INSURE	Metional	Casualty Com			11991
INSU					INSURE	Matianud	de Life Insuran	·		66869
	Road Runners Club of America/2	0023 a	and Its	s Member Clubs		ND.		,		5,512,513
	1501 Langston Boulevard	.0200		, mombor oldbo	INSURE					
	Suite 103				INSURE	The state of the s				
	Arlington			22209	INSURE					
		ririo	ATE		INSURE	RF:		DEVICION NUMBER.		
	/ERAGES CERT IIS IS TO CERTIFY THAT THE POLICIES OF IN			TOMBER	IGGLIEF	TO THE INCLU		REVISION NUMBER:	IOD	
IN	DICATED. NOTWITHSTANDING ANY REQUIREMENTS.  ERTIFICATE MAY BE ISSUED OR MAY PERTA	REME	NT, TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT V	MTH RESPECT TO WHICH TH	HIS	
E	CLUSIONS AND CONDITIONS OF SUCH POL	LICIES	S. LIM	ITS SHOWN MAY HAVE BEEN		ED BY PAID CL	_AIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								\$ 1,00	0,000
	CLAIMS-MADE X OCCUR					59		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,	000
	Legal Liability to							MED EXP (Any one person)	\$ 5,00	0
Α	Participant \$1,000,000			KRO0000009332900		12/31/2022	12/31/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	0,000
	OTHER: For Event Basis							Abuse and Molestation	\$ 500,	000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANYAUTO							BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS			KRO0000009332900		12/31/2022	12/31/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i or doordone)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								Excess Medical	\$10,	,000
В	Excess Medical & Accident (\$250 Deductible/Claim)			BAX0000031991400		12/31/2022	12/31/2023	AD & Specific Loss	\$2,5	00
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							2007		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)	<u></u>		
CE	RTIFICATE HOLDER IS NAMED AS AN ADD	OITIO	VAL II	NSURED AS RESPECTS TO	THEIR	INTEREST IN	THE OPERAT	IONS OF THE NAMED		
	URED. DATE OF EVENT(S): 03/05/23 Ho nne Hertel, P.O. Box 60131, Fort Myers FL 3			er Roots & Ruts INSURED Processed by RMV	RRCA	CLUB/EVENT	MEMBER: Fo	rt Myers Track Club ATTN	<b>1</b> :	
JeA	The nerter, P.O. Box 60131, Port Myers PL 3	3300	-	OK	12/20	0/2022				
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CEI	RTIFICATE HOLDER				CANC	ELLATION				
	THIOME HOLDER				<u> </u>	- LLL/IIIOII				
								SCRIBED POLICIES BE CAN		) BEFORE
	20/05/20 / 20 / 20 / 20 / 20 / 20 / 20 /							F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN	
	03/05/23 Lee County Board of C	county	y Con	nmissioners	^00	CADAMOL WI				
	P.O. Box 398				AUTHO	RIZED REPRESE	NTATIVE	)		
	F			EL 00004			i,	. M. M. S. a.		
	Fort Myers FL 33901					Jerry R. Willer				



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

Check the appropriat	te box(es) below:
FILM PERMIT	TONLY
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.	
Special Arrangements:	Not applicable
Other:	2023 Hooter's River, Roots and Ruts
	Print Name: Miriam Dotson  Signature: Communications Coordinator  Date: 12/7/2022

