

## **EVENT PERMIT**



Ordinance 17-08

## The Chain Gang Challenge II

PERMIT NUMBER: TMP2023-00321

Date(s) of Event: April 15,2023 through April 16, 2023

Property Owner:

LEE COUNTY

Applicant:

Tyler Bishop 239-560-5367

Description:

Disc Golf Tournament 3 rounds, 2 rounds on April 15, 2023 from 9:00am until

4:00pm and 1 round on April 16, 2023 from 9:00am until 12:00pm

Location of event:

9150 CORKSCREW PALMS BLVD, ESTERO, FL 33928

**Estero Community Park** 

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

Will the event be held on County Owned Property? Yes

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

Will a bond be posted for this event?

## Permit Conditions:

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

Board of County Commissioners Lee County, Florida

421

County Manage

ftmpprmt\_specialevent.rpt



## **Event Application**

**Special Event** 

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



## **Event Application**

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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	The Chain Gang Challenge II
Date(s) of Event / Production:	4/15-4/16
Location(s) of Event:	Estero Community Park
Name of Applicant:	Tyler Bishop
Applicant Address:	6640 Plantation Pines Blvd Fort Myers, FL 33966
Applicant Phone Number:	(239)560-5367
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	tyler@chain-gang-discs.com
Estimated Attendance:	90-100
Event Description: Include each activity, when activities take place, etc.	Disc Golf Tournament 3 Rounds - 2 on 4/15, 1 on 4/16
Hours of Operation:	4/15: 9am-4pm, 4/16: 9am-12pm
STRAP # of Parcel:	344625E40100C017A
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? Parks & Commu	ınity Facilities
Are any temporary structures to be ins	talled for the event? Yes 🔀 No	Type:
Do you have the appropriate permits f	or the temporary structures?	⊤ Yes
* For a 'Special Event' and 'Use of Couldentified, including all parking areas.	nty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Even	: Attached	
Note: Certificate of Insurance must be submitted	ed at time of application	
Surety Company Bonding this Event (N	lame and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
Yes X No	Γ Yes     X No	☐ Yes ☐ No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	n/a	
Type of Food being Served: n/a		
Section II - USE OF COUNTY F	PROPERTY PERMIT  Professional Disc Golf A	ssociation
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES	PERMIT
Is alcohol being sold/consumed on Co	unty Property?	Yes x No
If Yes, then a "Lee County Alcohol Permit" is require	d. Only non-profit organizations can sell alcohol on Coun	••
Non-profit certificate/registration null (Required if alcohol is to be <u>SOLD</u> at the event)	n/an/a	
Please note: A permit from the State of Florid further details	a Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



pe of Production (choose all that ap	ply):					
TV Movie or Special	TV Series / Pilot	Г	TV Commer	cial	Still Photos	
Public Service Announcement	Industrial / Documentary		Other:			
/ill any of the following be needed or	· included*?					
Street Closure			Yes	区	No	
Traffic / Crowd Control			Yes	X	No	
Fire or Burning			Yes	X	No	
Explosives or Pyrotechn	ics		Yes	X	No	
Animals, Large or Small			Yes	X	No	
Construction of Any Kin	d		Yes	X	No	
Large and/or Numerous	s Vehicles		Yes	IX	No	
Helicopters, Boats, etc.			Yes	ΙX	No	
Stunts			Yes	X	No	
Other			Yes	X	No	
Special Parking Requirements:						
n/a						
City or County Services Required: (F	Personnel, equipment, facili	ties, etc	c.)			
n/a		***************************************				
1						
The following information is require the industry. If exact figures are not					a to track the economi	c impact
Number in Cast:	Number in Crew:		Num	ber of	flocals hired:	
Total budget:	Estimate amount sp	ent in L	ee County:			
Hotel room nights:	Number of shooting	g days:	AAAAAAA			
number of rooms x num	ber 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**

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.

Tyler Bishop Signature of Applicant	John Goll
Signature of Applicant	Witness
Tyler Bishop	John Goll
Print Name of Applicant and Title	Print Name of Witness
1/18/2023	1/18/2023
Date	Date



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

Check the appropri	ate box(es) be	low:	
F SPECIAL EV			
	UNTY PROPERTY	PERMIT	
		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM	IIT		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.	)1(
Parking:	Parking for the be impeded.	ne event will be in authorized areas only. Right of way must not	
Deputies (How Many?):	None are req	uired for this event.	•
ļ			
Fee for Services:	None		
] 			
Special Arrangements:	- Parucipants (	I sounds must adhere to Lee County noise ordinances.  of Disc golf tournament will utilize the preset course within the park in within the confines of the park.	numit*
I.	Print Name:	David M. Lebid	
	Signature:	Cpt. David M. Selid	
	Title:	Tactical Support Unit	
	Date:	1/19/23	



## 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 EVENT PERMIT

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

AFTER REVIEWING THE A WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	Call 911 for Emergencies
Fire Extinguishing:	Call 911 for Emergencies
Special Arrangements:	The Chain Gang Challenge II
	Print Name: Scott Danielson
	Signature:
	Title: Lt. Fire Prevention  Date: 10/18/23



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

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

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

ONO MALE CONTROL VALLE INE	CONCE THE ATTEC	AND TO COMMENT WHITE ON THE MEETERS.
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 ag at the event.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in toffice at EMSDetai	he event of an emergency. To arrange special event coverage, contact our @leegov.com.
	Print Name: Signature: Title:	Douglas B. Higgins  Douglas B. Higgins  Opticy/spredity/Douglas B Higgs  Opticy/spredity/spredity/Douglas B Higgs  Opticy/spredit
	Date:	January 30, 2023



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

спеск тпе арргорги	ate box(es) be	iow:		
C SPECIAL EV	ENT PERMIT			
□ USE OF CO	UNTY PROPERTY	PERMIT		
•		UME ALCOHOLIC BEVER	AGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	117			
		EASE INDICATE BELOW V	WHAT ARRANGEMENTS YO NT.	OUR ORGANIZATION
Parking:		Lakidam 254 dhiin Summaran an an ann ann ann ann ann an ann an		
	No event park	ing permitted on Lee C	Ounty maintained road	rights-of-way.
Ingress and Egress:				
	Use all establi	shed means of ingress	and egress.	
Special Arrangements:				
opecial Arrangements.				
	None.			
	110710.			
	ļ			
	Print Name:	Bryan Miller		
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2023.02.01 07:43:58 -05'00'	
	Title:	Senior Project I	Vanager	
	Date:	February 1, 202	23	



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

Check the appropri	ate box(es) bel	ow:	
┌ SPECIAL E\	/ENT PERMIT		
JX USE OF CO	UNTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILÍTIES
┌ FILM PERN	<b>1</b> IT		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION
Illumination:	Event organizer wi	ll need to provide additional lighting if needed.	
Parking Areas:	be permitted onto between the Rec C	se the designated parking areas within the parking lots of the central lawn area. Organizers may drop off event supp enter and the Chiller area, but then must remove vehicles. t the commerce area off Corkscrew, contact Kelth at Collie	lies via the service road For authorization to use
Special Arrangements:	responsible to orde signs are not perm Park gates open at	s open 7 am - 9 pm at 9 am - 5 pm	
	Print Name:	College Via	
	Signature:	Collee War	-
	Title:	Operations Manager	
	Date:	1/26/2023	-
			-

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Estero - Chain Bang Challenge II. 4115-4/14/2013



# 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:					
SPECIAL EVE  SUSE OF COU  PERMIT TO S  FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.					
Insurance Requirements:	limits of One Mill property damage Certificate Must I Lee County, a po and public official with regard to ge	eral liability insurance to include participant legal liability coverage with minimum ion Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or e relative to applicants use of aforementioned event within Lee County.  Read As:  litical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogation eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability.					
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.  Subject to proof of insurance.						
	Print Name:	Mike Figueroa					
	Signature:	This friend					
	Title:	Risk Program Manager					

January 24, 2023

Date:



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2023

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

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

	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER CONTACT Kimberly Kennedy, CIC, CISR													
Montgomery Insurance Services Inc.					PHONE (610) 565-8280 FAX (A/C, No, Ext): (610) 565-9685								
330 \	Vest State Street				ADDRESS: kkennedy@montgomeryinsurance.com								
					AUDINE.		CURENCY ACCOR	DING COURDAGE	T	*****			
Medi	·			PA 19063		Dhiladalahia tadanahi lagunaga C			NAIC # 18058				
INSUR				177 10000		Description of the format of t				34690			
Professional Disc Golf Association					INSURER C: United States Fire Insurance Company 21113					21113			
3828 Dogwood Lane					INSURER D:								
					INSURER E:								
Appling GA 30802					INSURER F :								
COV	ERAGES CER	TIFIC	ATE I	NUMBER: '23 Master	REVISION NUMBER:								
TH	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD												
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY REPTAIN. THE INSURANCE AFFORDED BY THE DOLLOISE DESCRIBED HEREBALD CHAIR TO ALL THE TERMS													
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS,													
NSR LTR		ADDL	SUBR	· · · · · · · · · · · · · · · · · · ·	REDUC	POLICY EFF	POLICY EXP						
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT					
-	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000				
1	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100,000				
1	Includes Athletic Participants	Y						MED EXP (Any one person)	ş 0				
A				PHPK2498659		01/01/2023	01/01/2024	PERSONAL & ADV INJURY	s 1,000,000				
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,000,000				
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000				
ı	OTHER:							FRODUCTS - COMPTOF AGG	\$				
	AUTOMOBILE LIABILITY	<b>—</b> —						COMBINED SINGLE LIMIT	ŝ				
ŀ	ANY AUTO							(Ea accident)					
-	OWNED SCHEDULED							BODILY INJURY (Per person)	\$				
-	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	- · · · · · · · · · · · · · · · · · · ·			
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s				
									\$				
	UMBRELLA LIAB  EXCESS LIAB  CLAIMS-MADE						01/01/2024	EACH OCCURRENCE	s 4,000,000				
A		Y	Y	PHUB844249		01/01/2023		AGGREGATE	s 4,000,000				
	DED RETENTION \$ 10,000							AGGNEGATE	<u> </u>				
-	VORKERS COMPENSATION	N/A						➤ PER OTH- STATUTE ER	\$				
	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE							s 1,000,000					
0 10	DEFICER/MEMBER EXCLUDED?			39WECAO1126		09/06/2022	09/06/2023	E.L. EACH ACCIDENT					
i i	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE					
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
	Accident Coverage												
C				US1674456		01/01/2023	01/01/2024	Accidental Death	\$10,0	000			
								Max Medical Benefit	\$25,0	000			
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE												
04/15	/23-04/16/23 The Chain Gang Challenge I	i; Este	ro; Fl	; Certificate holder is include	d as an	Additional Insu	red with respe	ct to General Liability and					
Umbi	ella Liability, subject to the terms and cond	itions	of the										
				OK 01/2	4/202	23							
				20		r							
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	PROCESSOR ENCOMEMBER STREET WAS EXCEPTED BY A THREE TO THE STREET STREET STREET STREET STREET STREET STREET ST												
CER	IIFICATE HOLDER				CANC	ELLATION			***************************************				
										İ			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE													
	Lee County Poord of Commission				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Lee County Board of Commissioners													
P.O. Box 398							ORIZEO REPRESENTATIVE						
Fort Myers FL 33902					Minberty Jennedy								

To whom it may concern,

This package contains an event application for a Use of County Property permit for a disc golf tournament at Estero Community Park on 4/15-4/16. The name of the event is The Chain Gang Challenge II. Included with the completed and signed application are the completed and signed pages from all of the necessary departments, along with a Certificate of Insurance for the event. If there are any issues, you can contact me via the contact information on the application form. I will be following up with you after sending this out. Thank you.

Tyler Bishop