

EVENT PERMIT



Ordinance 17-08

The Big Run 5K Sponsored by Fleet Feet Fort Myers

PERMIT NUMBER: TMP2023-00816

Date(s) of Event: June 7, 2023

Property Owner:

LEE COUNTY

Applicant:

Brian Urichko 2394850041

Description:

Run/Walk 5K to Celebrate Global Running Day At Lakes Park on June 7, 2023 from

4:30PM until 7:30 PM

Location of event:

7330 GLADIOLUS DR, FORT MYERS, FL 33908

Lakes 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

Manager

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

The Big Run 5K Sponsored by Fleet Feet Fort Myes

TMP2023-00814



Event Application

леск	the appropriate box(es) below:
	☐ SPECIAL EVENT PERMIT
	USE OF COUNTY PROPERTY PERMIT
	$\ \square$ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)			
Title of Event / Name of Production	The Big Run 5K Sponsored by Fleet Feet Fort Myers		
Date(s) of Event / Production:	06/07/2023		
Location(s) of Event:	Lakes Park		
Name of Applicant:	Brian Urichko / Fleet Feet Fort Myers		
Applicant Address:	13499 S Cleveland Ave Suite 209 Fort Myers, FL 33907		
Applicant Phone Number:	321-696-5055		
Contact Person: (If different from applicant)			
Contact Phone Number: (If different from applicant)			
Email Address:	brian@fleetfeetfortmyers.com		
Estimated Attendance:	250		
Event Description: Include each activity, when activities take place, etc.	Run/Walk 5K to celebrart Global Running Day		
Hours of Operation:	4:30pm - 7:30pm		
STRAP # of Parcel:			
Owner of Premises*:			

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



What is the Zoning Classification of the premises?							
Are any temporary structures to be installed for the event? 🗵 Yes 🗌 No Type: Tent and Finish Line							
Do you have the appropriate permits for the temporary structures? \(\overline{\text{X}} \) Yes \(\overline{\text{No}} \) No							
* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas. Insurance Company Insuring the Event: K&K with National Casualty (AON)							
Note: Certificate of Insurance must be submitted							
Surety Company Bonding this Event (Na	me and Address): K&K with Na	ational Casualty					
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	☐ 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 be included on the certificate of insurance.					
Name & Address of Organization Providing Food: Type of Food being Served:	Providing Food:						
Section II - USE OF COUNTY PE	ROPERTY PERMIT						
Organization Sponsoring the Event: Fleet Feet Fort Myers							
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT							
Is alcohol being sold/consumed on Cou		Yes X No					
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	Only non-profit organizations can sell alcohol on Counber:	ty Property.					
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details							



pe of Produc	tion (choose all tha	it apply):						
TV Movie o	r Special	TV Seri	ies / Pilot		TV Comme	rcial		Still Photos
Public Servi	ice Announcement	Industri	ial / Documentary		Other:			
ill any of the	following be neede	ed or included	 * ?					
S	Street Closure				☐ Yes	X	No	
٦	Traffic / Crowd Con	itrol			☐ Yes	$\overline{\times}$	No	
F	Fire or Burning				☐ Yes	X	No	
E	Explosives or Pyrot	echnics			☐ Yes	×	No	
1	Animals, Large or S	mall			☐ Yes	X	No	
(Construction of Any	y Kind			☐ Yes	X	No	
l	Large and/or Nume	erous Vehicles	i		☐ Yes	X	No	
ŀ	Helicopters, Boats,	etc.			☐ Yes	×	No	
	Stunts				☐ Yes	×	No	
(Other				☐ Yes		No	
Special Parki	na Requirements:							
Speciai Рагкі	ng Requirements:							
City or Coun	ty Services Require	ed: (Personnel	, equipment, facil	ities, e	tc.)			
	·	-						
	g information is red . If exact figures are						a to tra	ick the economic imp
Number in Ca	_		Number in Crew:				flocals	hired:
Mannoer III Ca			-			inder Of	100013	
Total budget:			Estimate amount s	pent in	Lee County:			
Hotel room n	ights:		Number of shootin	g days:				
	number of rooms :	v number of pights		cceti <u>5.</u>	(-			



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



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

Check the appropri	ate box(es) below:
	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	Race is to remain along the pathways and walkways within the confines of the park. Any amplified sounds must adhere the Lee County Noise Ordinance.
	Print Name:

4.4.03

Tactical Support Unit

Signature:

Title:

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 appropri	ate box(es) belo	ow:		
☐ SPECIAL EV	VENT PERMIT	PFRMIT		
☐ FILM PERM				
AFTER REVIEWING THE WILL REQUIRE THE APPL			OW WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	NA			
Fee for Services:	NA			
Flammable Vegetation:	NA			
First Aid Equipment:	Call 911 if needed			
Fire Extinguishing:	NA		,	ı
Special Arrangements:	NA			
	Print Name:	Nate Burley		y.
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2023.04.19 12:02:18 -04'00'	-
	Title:	Division Chief - Fire &	Life Safety	-
	Date:	April 19, 2023		-



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

Check the appropria	te box(es) below	v:
-	ENT PERMIT UNTY PROPERTY PI	EDMIT
Ei		ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		WE ALCOHOLIC BEVERAGES WITHIN LEE COOKTI LACIENTES
AFTER REVIEWING THE A	APPLICATION, PLEA	SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ANT 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 ag 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 On tom Douglas B. Higgins on the Courty Emergency Medical Services, our EMS Operations, email-ti-Higgins @leegov.com, c=US Districts our EMS Operations, email-ti-Higgins @leegov.com, c=US Districts our EMS Operations (EMS Operations EMS Operations Emergency Medical Services Operations Emergency Medical Services (EMS Operations Emergency Medical Services Emergency Medical Services Emergency Medical Services (EMS Operations Emergency Medical Services Emergency Medical Services Emergency Medical Services (EMS Operations Emer
		Captain, EMS Operations
	Date	April 4, 2023
Medical Supplies / Equipment: Safety Requirements: Fee for Services	Applicants shall foll Orders concerning people congregation. Not applicable. Please call 911 in toffice at EMSDetail Print Name: Signature: Title:	the event of an emergency. To arrange special event coverage, contact our l@leegov.com. Douglas B. Higgins Douglas B. Higgins Date to Description of the county transport o



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

Check the appropri	ate box(es) bel	low:		
	UNTY PROPERTY SELL AND CONS		VERAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL			LOW WHAT ARRANGEMENTS EVENT.	S YOUR ORGANIZATION
Parking:	No event parking p	permitted on Lee County	maintained road rights-of-way.	
	, 3,	*		
Ingress and Egress:	Use all established	means of ingress and eq	gress.	,
Special Arrangements:	None.			
	Print Name: Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2023.04.19 10:07:44 -04'00'	-
	Title: Date:	Senior Project Manage April 19, 2023		_



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

Check the appropri	ate box(es) bel	ow:
r	OUNTY PROPERTY SELL AND CONS	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
rilivi reniv	711 1	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	Event organizer mu	ist provide own lighting if needed to safely run the event.
Parking Areas:		7:00am o the designated parking areas Inside Lakes Park. All vehicles with the event are their event parking pass.
Special Arrangements:	and first ald statior directional signs (It Race course must b Banners may be hu All trash and event	responsible for set up and break down of the race route/event signs, drink stations as. No painting or temporary markings allowed on the roads or pathways. Removable is survey flags, where frame signs and cones are permitted. See cleaned and cleared by 10 am. Fing at your designated Pavilions. I debris must be cleaned up and removed prior to checking out with staff. To reprove the pathways. To am
	Print Name:	
	Signature:	Calleer Via
	Title:	Operations Manager
	Date:	4/7/2023
Lakes - Re by		Page 10
6/7/2	2023	, "20 Ivo



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

Check the appropriat	e box(es) bel	ow:			
SPECIAL EVE	NT PERMIT				
USE OF COUNTY PROPERTY PERMIT					
PERMIT TO S	ELL AND CONS	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	' FACILITIES		
FILM PERMIT	Г				
		LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION		
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million I otect against bodily injury and/or property damage relative event within Lee County.			
	Certificate Must F	Read As:			
	and public officia with regard to ge	litical subdivision and Charter County of the State of Floridals are automatic additional insureds and includes an auton eneral liability. The certificate holder is an additional insured basis with regards to general liability.	natic waiver of subrogation		
Special Arrangements:	political subdivis	isurance shall be submitted as evidence of the required covion and Charter County of the State of Florida, P.O. Box 398 Ider and as an additional insured as listed above.			
	Print Name:	Mike Figueroa			
	Signature:	Mike Jigin -			
	Title:	Risk Program Manager			
	Date:	April 11, 2023			

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ACORDO

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/06/2023

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

ii Sobrogation is waived, subject to the terms and conditions of	the policy, certain policies may require	all eliuoisellielli. A s	tatement on
this certificate does not confer rights to the certificate holder in lieu of such endorse	ment(s).		
PRODUCER	CONTACT NAME:		
Aon Risk Services Northeast, Inc. New York NY Office	PHONE (A/C. No. Ext): (866) 283-7122	FAX (800) 363-01	.05
One Liberty Plaza 165 Broadway, Suite 3201	E-MAIL ADDRESS:		
New York NY 10006 USA	INSURER(S) AFFORDING COVE	RAGE	NAIC#
INSURED	INSURERA: National Casualty Comp	11991	
Fleet Feet Sports, LLC and its Registered Members	INSURERB: Nationwide Life Insura	nce Company	66869
P.Ö. Box 1269	INSURER C:		
Carrboro NC 27510 USA	INSURER D:		
	INSURER E:		
	INSURER F:		8

COVERAGES CERTIFICATE NUMBER: 570098937192 **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

	Limits shown are as requested								
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY			6LKR00000009374000	12/31/2022	12/31/2023	EACH OCCURRENCE \$1,000,000	
		,CLAIMS-MADE X OCCUR						DAMAGE TO RENTED \$300,000 PREMISES (Ea occurrence)	
								MED EXP (Any one person) \$5,000	
								PERSONAL & ADV INJURY \$1,000,000	
	GENL AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE \$3,000,000	
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$1,000,000	
		OTHER:							
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	_	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		ONE							
Α		UMBRELLA LIAB X OCCUR			6LXK00000009374100	12/31/2022	12/31/2023	EACH OCCURRENCE \$5,000,000	
	x	EXCESS LIAB CLAIMS-MADE			Excess -GL			AGGREGATE \$5,000,000	
		DED RETENTION	1						
		ORKERS COMPENSATION AND PLOYERS' LIABILITY			1			PER STATUTE OTH-	
		NY PROPRIETOR / PARTNER /	N/A		*			E.L. EACH ACCIDENT	
8	EXECUTIVE OFFICER/MEMBER (Mandatory in NH)		N/A	"/"				E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	
В		iscellaneous Liability overages			6ABAX0000032003300 Participant Accident	12/31/2022	12/31/2023	per insured/injuiry \$25,000 Deductible \$250	
DESC	DIDTI	ON OF OPERATIONS / LOCATIONS / VEHICLES (ACC	DRD 101	Addition	poal Remarks Schedule, may be attached if more	space is required)			

RE: Event: The Big Run 5K Sponsored by Fleet Feet Fort Myers, Date: 06/07/2023, Location: Lakes Park. Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees and public officials are included as Additional Insured in accordance with the policy provisions of the General Liability policy. General Liability policy evidenced herein is Primary and Non Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability policy.

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CFRI	TIFIC:	ATF	HOL	DER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lee County, a political subdivision and Charter County of the State of Florida PO Box 398 Fort Myers FL 33902 USA

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.