

#### **EVENT PERMIT**



Ordinance 17-08

#### Elizabeth Kelley Wedding

PERMIT NUMBER: TMP2023-01071

Date(s) of Event: May 25, 2024

Property Owner:

LEE COUNTY

Applicant:

Elizabeth Kelley 214-901-2220

Description:

Wedding Ceremony on May 25, 2024 from 4:00PM until 7:00PM on Banyan Street

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

Louise DuPont Crowninshield Community House

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

Elizabeth Kelley Wedding

TMP2023-01071



#### **Event Application**

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

Section I - GENERAL INF	Section I - GENERAL INFORMATION (All Permit Types)							
Title of Event / Name of Production	Elizabeth Kelley Wedding							
Date(s) of Event / Production:	ay 25, 2024							
Location(s) of Event:	Banyan Street							
Name of Applicant:	Elizabeth Kelley							
Applicant Address:	3922 Gilbert Ave apt 207 dallas, TX 75219							
Applicant Phone Number:	214-901-2220							
Contact Person: (If different from applicant)	Molly Rasmussen (wedding planner)							
Contact Phone Number: (If different from applicant)	214-901-2220							
Email Address:	molly@popparties.com							
Estimated Attendance:	120-150 guests							
Event Description: Include each activity, when activities take place, etc.	Banyan Street Wedding Ceremony Setup 4pm Event 5pm Out by 7pm							
	150 chairs, 1 table, 1 flower arch, no pets							
Hours of Operation:	4-7pm							
STRAP # of Parcel:	14-43-20-01-00005.0010							
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 p	oremises? DOT right of way	1
Are any temporary structures to be insta	illed for the event? $\square$ Yes $\square$ No	Туре:
Do you have the appropriate permits for	the temporary structures?	Yes No
identified, including all parking areas.  Insurance Company Insuring the Event:  Note: Certificate of Insurance must be submitted		
Surety Company Bonding this Event (Na		
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          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 be included on the certificate of insurance.
Name & Address of Organization Providing Food:  Type of Food being Served:		
Section II - USE OF COUNTY PR	ROPERTY PERMIT	
Organization Sponsoring the Event: —		
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES I	PERMIT
Is alcohol being sold/consumed on Cou		Yes X No
	. Only non-profit organizations can sell alcohol on Count	y Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)		
<b>Please note:</b> A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



oe of Produ	uction (choose all tha	t apply):						
TV Movie	or Special	☐ TV	Series / Pilot		TV Commerc	cial		Still Photos
Public Sei	rvice Announcement	☐ Ind	ustrial / Documentary		Other:			
ll any of th	e following be neede	d or inclu	uded*?					
	Street Closure				☐ Yes		No	
	Traffic / Crowd Con	trol			☐ Yes		No	
	Fire or Burning				☐ Yes		No	
	Explosives or Pyrote	echnics			Yes		No	
	Animals, Large or Si	mall			☐ Yes		No	
	Construction of Any	Kind			Yes		No	
	Large and/or Nume	rous Veh	icles		☐ Yes		No	
	Helicopters, Boats,	etc.			Yes		No	
	Stunts				☐ Yes		No	
	Other				☐ Yes		No	
Special Pa	rking Requirements:							
City or Co	unty Services Require	d: (Persc	onnel, equipment, facili	ties, e	tc.)			
The C. III		autine d f-	r local and state record	s on n	araduction in 5	Elorid	a to t	track the economic impac
the indust	ry. If exact figures are	quired to e not ava	r local and state record ilable, please estimate a	as clo	sely as possibl	e.	a tU 1	rack the economic impac
Number in	Cast:		Number in Crew:		Num	nber o	f loca	ls hired:
Total budg	get:		Estimate amount sp	ent in	Lee County:			
11-6-1					_			
Hotel room	n nights:		Number of shooting	g days	- : _			



#### **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.

Clizabeth Kelley Signature of Applicant	Molly IRwanner Witness
Elizabeth Kelley	Molly Rasmussen
Print Name of Applicant and Title	Print Name of Witness
6/1/23	6/1/23
Date	Date



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

Check the approprie	ate box(es) below:
┌─ SPECIAL EV	ENT PERMIT
▼ USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized parking areas only.
Deputies (How Many?):	Two deputies for road closure, traffic control and security on Banyan Street between Park Ave and Gilchrist while wedding takes place.
Fee for Services:	Contact LCSO Details Unit
Special Arrangements:	Each end of Banyan Street must be blocked in order to provide safety and security to participants. All chairs, tables and other items used for the event must be removed from the roadway as soon as possible in order to reopen Banyan Street.
	Print Name: Paul Cummins  Signature: Commander  Date: 8 31 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:

F SPECIAL EVENT PERMIT

X USE OF CO	UNTY PROPERTY F	PERMIT
FILM PERM	11T	
AFTER REVIEWING THE WILL REQUIRE THE APPLI	the state of the s	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)	2 fire guar	ds @ 4 hours each
Fee for Services:	\$60.00 /hc	our per guard. Total \$480.00
	Contact N	ancy at BGFD to make arrangements for payment.
Flammable Vegetation:		payment to: Boc@rande Fire Dept, PO Box 532, ande, FL 33921
First Aid Equipment:		
Fire Extinguishing:	,	
Special Arrangements:	St, fire guards wi on Banyan St. Pe immediate remo	er of guests and chairs, the Permit holder must hire fire guards to be in St in case of emergency. In the event that access is needed on Banyan Il stop the ceremony and co-ordinate removal of guests/items/etc. placed rmit holder must have a team available, on site, to facilitate the val of all items/guests. Any damage to BGFD vehicles while making ncy will be the responsibility of the permit holder.
	Print Name:	C.W. Blosser
	Signature:	C. Blom
	Title:	Fire Chief
	Date:	08/01/2023
and the second s		



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

Check the appropriat	te box(es) below	:						
	JNTY PROPERTY PE SELL AND CONSUN	RMIT ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FA	ACILITIES					
AFTER REVIEWING THE A DRGANIZATION WILL RE	PPLICATION, PLEA QUIRE THE APPLICA	SE INDICATE BELOW WHAT ARRANGEMENTS YOUF ANT TO COMPLY WITH FOR THEIR EVENT.	₹					
Treatment Facilities:	None necessary.							
Medical Personnel:	None necessary.							
Medical Supplies / Equipment:	None necessary.							
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.							
Fee for Services	Not applicable.							
Please call 911 in the event of an emergency. To arrange special event coverage, contact of office at EMSDetail@leegov.com.								
	Print Name:	Douglas B. Higgins						
	Signature:	Douglas B. Higgins  Digitally signed by Douglas B. Higgins  Dix:cn=Douglas B. Higgins, 0-Lee County Emergency Medical Services, ou=EMS Operations, email-DHiggins@leegov.com, c=US Date: 2023.08.08 17:29:53 -0400'						
	Title:	Captain, EMS Operations						
	Date:	August 8, 2023						



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

Check the appropri	ate box(es) belo	ow:
-	UNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	No event parking is	permitted in Lee County maintained road right of ways.
ngress and Egress:	Shall use Lee Coun	ty Sheriff's Office for assistance with traffic control as needed.
Special Arrangements:	No event parking parked off the pave	permitted on any portion of the Banyan St. road right of way. No vehicles shall be ement that would damage the Banyan Tree root system.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.07.28 06:57:37 -04'00'
	Title:	Project Manager
	Date:	07/28/2023



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

ate box(es) belo	JW;
VENT PERMIT	
UNTY PROPERTY	PERMIT
SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
MIT	
APPLICATION, PLI PLICANT TO COMP	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Additional lighting in not hang or drape a	must be provide by permit holder. Generators are permitted on Banyan St. Please do anything on the trees or vegetation.
Parking is permitted	d at the Boca Grand Community Center.
All event guest mu	ist stay on county property at all times while on Banyan Street.
Print Name: Signature: Title:	Colleen Via  Cilcle Via  Operation Manager
	VENT PERMIT DUNTY PROPERTY DISELL AND CONSUMIT  E APPLICATION, PL PLICANT TO COMP  Additional lighting not hang or drape:  Parking is permitted  All event guest mu  Print Name:

Bola - Banyan My Elizabeth Kelley Wedding



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

e box(es) bel	ow:								
SPECIAL EVENT PERMIT									
NTY PROPERTY	PERMIT								
PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY									
		YOUR ORGANIZATION							
Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.									
Certificate Must F	Read As:								
and public officia with regard to ge	itical subdivision and Charter County of the State of Florida, its agents, employees, Is are automatic additional insureds and includes an automatic waiver of subrogation neral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability.								
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 Line								
Title:	Risk Program Manager								
Date:									
	PPLICATION, PEANT TO COMP  Commercial gene occurrence to proaforementioned of Certificate Must For Lee County, a pol and public official with regard to genoncontributory  A Certificate of In political subdivision the certificate hor Subject to proof of the Certificate of In political subdivision the certificate hor Subject to proof of the Certificate in Title:  Title:	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS ANT TO COMPLY WITH FOR THEIR EVENT.  Commercial general liability insurance with minimum limits of One Million I occurrence to protect against bodily injury and/or property damage relative aforementioned event within Lee County.  Certificate Must Read As:  Lee County, a political subdivision and Charter County of the State of Florid and public officials are automatic additional insureds and includes an autom with regard to general liability. The certificate holder is an additional insure noncontributory basis with regards to general liability.  A Certificate of Insurance shall be submitted as evidence of the required copolitical subdivision and Charter County of the State of Florida, P.O. Box 398 the certificate holder and as an additional insured as listed above.  Subject to proof of insurance.  Print Name: Mike Figueroa  Signature: Assured Assu							



SMILLER8



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/31/2023

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

th	SUBROGATION IS WAIVED, subjectis certificate does not confer rights to							require an end	orsement	. Ast	atement on
PRO	DUCER License # BR-767175				CONTAC NAME:	СТ					
Fort Worth, TX-Gus Bates Ins-Hub International Insurance Services				PHONE (A/C, No, Ext): (817) 335-9547 FAX (A/C, No): (817) 984-7633							
	3221 Collinsworth Street Fort Worth, TX 76107				E-MAIL ADDRES	ss.			(A/O, NO). (	• , .	
					ADDRE		STIDED/S) A EEOE	RDING COVERAGE			NAIC#
					INISTIDE			nnity Insuranc	e Comp	anv	18058
INSU	NSURED					RB:	ipina macn	mility modium	oc oomp	ully	10000
	Elizabeth Kelley				INSURE						
	3922 Gilbert ave apt 207				INSURE						
	Dallas, TX 75219				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER:	1			REVISION NUM	/IBER:		
T	HIS IS TO CERTIFY THAT THE POLICII	ES O	F INS	SURANCE LISTED BELOW			TO THE INSUF	RED NAMED ABO	VE FOR T		
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIB	ED HEREIN IS S			
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X		EV118597		5/24/2024	5/26/2024	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	CE ED urrence)	\$	1,000,000 300,000
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$	3,000,000
	X POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$	3,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							l pen	Lozu	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	-	-					E.L. DISEASE - POI	LICY LIMIT	\$	
and	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC County, a political subdivision and Cha includes an automatic waiver of subro contributory basis with regards to gene	gatio	n with	n regard to general liability							al insureds
	-			OK 07/31/202	23						
				20 1							
				Justin fr							
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Lee County Board of County PO Box 398 Fort Myers, FL 33902	y Coi	mmis	sioners	THE	EXPIRATIO	N DATE TH	ESCRIBED POLIC IEREOF, NOTIC CY PROVISIONS.			
	1 OIL My 613, 1 L 33302				AUTHO	RIZED REPRESE	NTATIVE				
					Charolac Kin						