

EVENT PERMIT



Ordinance 17-08

Board of Directors Board Retreat

PERMIT NUMBER: TMP2023-01115

Date(s) of Event: November 17, 2023

Property Owner:

LEE COUNTY

Applicant:

KIM KYLE

941-964-1600

Description:

Reception with light refreshments after a closed board retreat meeting on November

17, 2023 from 1:00PM until 5:30PM

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

131 1ST ST W

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?

To Be Consumed

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

County Manager

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Board of Directors Board Retreat



Event Application

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT
IXI USE OF COUNTY PROPERTY PERMIT
${f f x}$ 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	Board of Directors Board Retreat							
Date(s) of Event / Production:	Friday, November 17, 2023							
Location(s) of Event: 131 First Street W. Boca Grande, FL 33921								
Name of Applicant:	Boca Grande Historical Society							
Applicant Address:	PO Box 553, 170 Park Ave. Boca Grande, FL 33921							
Applicant Phone Number: 941-964-1600, cell 941-830-0454								
Contact Person: (If different from applicant)	Kim Kyle							
Contact Phone Number: (If different from applicant)								
Email Address:	kim@bocagrandehistoricalsociety.com							
Estimated Attendance:	20							
Event Description: Include each activity, when activities take place, etc.	Reception with light refreshments after a closed board retreat meeting							
Hours of Operation:	1:00 - 5:30 pm							
STRAP # of Parcel:	14-43-20-01-00005.0010							
Owner of Premises*:	Lee County							

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



What is the Zoning Classification of the	premises? DOT Right of way						
Are any temporary structures to be insta	alled for the event? Yes X No	Type:					
Do you have the appropriate permits for	r the temporary structures?	☐ Yes ☐ No					
* For a 'Special Event' and 'Use of Count identified, including all parking areas. Insurance Company Insuring the Event: Note: Certificate of Insurance must be submitted. Surety Company Bonding this Event (Na	at time of application	th all proposed facilities and activities					
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 🔲 No	X 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.					
Providing Food:							
Section II - USE OF COUNTY PF	ROPERTY PERMIT						
Organization Sponsoring the Event: B	oca Grande Historical Soci	ety					
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES F	PERMIT					
Is alcohol being sold/consumed on Cou	,	× Yes × 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)	ber: Host serving only						
Please note: A permit from the State of Florida I further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for					



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.

Kimberly Kyle	Crystal Diff
Signature of Applicant	Witness
Kimberly Kyle, Administrative Director	Crystal Diff
Print Name of Applicant and Title	Print Name of Witness
September 11, 2023	September 11, 2023
Date	Date



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

Check the appropria	rte box(es) below:
F SPECIAL EVI	ENT PERMIT
⋉ USE OF COU	JNTY PROPERTY PERMIT
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only. Right of ways should not be impeded.
ا):(Deputies (How Many	None are required for this event.
Fee for Services:	None
Special Arrangements:	Any amplified sounds must adhere to Lee County noise ordinances. All alcohol must remain within the confines of the event area.
REODE	Print Name: Commins Signature: Title: Commander Date: 9 12 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

IX USE OF CO	DUNTY PROPERTY PERMIT MIT							
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.								
Fire Guards (How Many?)	None							
Fee for Services:								
	None							
Flammable Vegetation:	None							
First Aid Equipment:								
	None							
Fire Extinguishing:								
	None							
Special Arrangements:								
	In case of emergency - Dial 911							

9/27/2023

Fire Chief

C.W. Blosser

Print Name:

Signature:

Title:

Date:



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	UNTY PROPERTY P	ERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		ASE 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 toffice at EMSDetai	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Discribugias B. Higgins D
	Title:	Captain, EMS Operations

September 18, 2023

Date:



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

Check the appropri	ate box(es) bel	low:
⊠ USE OF CO		PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking is	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	plished means of ingress and egress.
Special Arrangements:	N/A as of 09/11/20	023
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.09.11 12:42:44 -04'00'
	Title:	Project Manager
	Date:	09/11/2023



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

Check the appropri	ate box(es) bel	ow:	
SPECIAL EV	ENT PERMIT		
J⊠ USE OF CO	UNTY PROPERTY	PERMIT	
J⊠ PERMIT TO	SELL AND CONSU	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERN	ИIT		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
llumination:	N/A		
Parking Areas:	Parking in designat	ted community center parking, only	
Special Arrangements:	Alcohol will not be	sold on site and consumption must stay in areas designate	d by county staff.
	Print Name:	Colleen Via	
	Signature:	Cillen Via	
	Title:	Operations Manager	
	Date:	9/19/2023	

Boca - Community Certers - Historic Society Board weeting
11/17/2023 Page 10



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

Check the appropriat	te box(es) bei	low:
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:	occurrence to pr aforementioned In addition, Host (\$1,000,000) per	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. Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.
Special Arrangements:	political subdivis the certificate ho subrogation with	nsurance shall be submitted as evidence of the required coverage listing Lee County, a sion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an automatic additional insureds and includes an automatic waiver of a regard to general liability. The certificate holder is an additional insured on a primary story basis with regards to general liability. of insurance.
	Print Name:	Mike Figueroa
	Signature: Title:	Risk Program Manager
	Date:	September 12, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/08/2023

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 this certificate does not confer rights:	to the	ne tei	rms and conditions of th	ne polic	y, certain po lorsement(s)	olicies may r	require an endorsement. I	A statement of
PRODUCER	O tile	COIL	incate noider in ned or st	CONTAC				
East Main Street Insurance Services. Inc.					PHONE (F20) 477 CF24 FAX			
Will Maddux						eventhelper.	(A/C, No):	
PO Box 1298								
1							DING COVERAGE	NAIC#
Grass Valley			CA 95945	INSURE	RA: Evansio	n Insurance	Company	35378
INSURED				INSURE	RB:			
Boca Grande Historical Soci	ety			INSURE	RC:			
c/o Kim Kyle				INSURE	RD:			
170 Park Ave				INSURE	RE:			
Boca Grande			FL 33921	INSURE	RF:			
			NUMBER:				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY T BEEN R	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	TO WHICH TH
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY								1,000,000
CLAIMS-MADE OCCUR							DALLA CE EC DEL EE	100,000
Host Liquor Liability								5,000
A Retail Liquor Liability	Y	N	3DS5474-M3494514		11/17/2023	11/18/2023		1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	'				12:01 AM	12:01 AM		2,000,000
POLICY PRO-					12.017.00	12.017(1)		2,000,000
								1,000
OTHER: AUTOMOBILE LIABILITY	+						COMBINED SINGLE LIMIT	1,000
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) \$	
							\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
DED RETENTION\$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT \$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
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			*					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	I ES //	COPP	101 Additional Remarks School	lo may bo	attached if mar	anasa in regular		
Certificate holder listed below is named as a								lv
INTERIOR OF THE PROPERTY OF THE PROPERT					. 10.71101106		Typo. Mooning - Indoor Of	.7.
		OK	(09/12/2023					
			Mike Figure					
CERTIFICATE HOLDER				CANC	ELLATION			
Lee County				THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.	
Boca Grande Community Ce	enter			AUTHOR	RIZED REPRESEI	NTATIVE /		
131 1st St W				Will Maddwp				
Boca Grande		FI 33021	NM Madding					

Boca Grande

FL 33921

KTORRES

ACORD

CERTIFICATE OF LIABILITY INSURANCE

2/7/2023

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 the certificate does not confor rights to the certificate holder in liquid fouch and compared to the certificate holder in l

	is certificate does not confer rights to							require an endorsemen	t. A SI	atement on
PRO	DUCER				CONTAC NAME:	CT /		***************************************		
Italiano Insurance Services, Inc.				PHONE (A/C, No, Ext): (941) 964-0400 FAX (A/C, No): (941) 964-0595						
PO Box 1406 Boca Grande, FL 33921				E-MAIL ADDRESS: boca@italianoinsurance.com						
				, meets			RDING COVERAGE		NAIC#	
					INSURE					13990
INSURED				INSURER A : First Community Insurance Comp 13990 INSURER B :						
	Boca Grande Historical Soci	etv			INSURE					
	PO Box 553	INSURE								
	Boca Grande, FL 33921				INSURE					
					INSURE	RF:				
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I	EQUIF PERT	REME AIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA ' THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	ECT TO	WHICH THIS
INSR LTR		ADDL S				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WYD			(MINICODI I I I I I	(MIMIODI () 1 1 1	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR			09 0004959299 3 23		1/21/2023	1/21/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	s	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	İ						GENERAL AGGREGATE	s	4,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		2,000,000
	OTHER:	l						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	1						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N								PER OTH- STATUTE ER		***
	LANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Lee	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lee County BOCC, a political subdivision & Charter County of the State of Florida, are Additional Insured on the above listed insureds GL policy for 170 Park Ave, Boca Grande, FL 33921									
	DITIES ATE USE DED				0111					
CE	RTIFICATE HOLDER				CANC	ELLATION				
Lee County Board of County Commissioners P O Box 398 Fort Myers, FL 33902					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE			
	ı		Reast							