

EVENT PERMIT



Ordinance 17-08

Wedding

PERMIT NUMBER: TMP2023-01135

Date(s) of Event: November 25, 2023 from 2:00PM until 12:30AM

Property Owner:

LEE COUNTY

Applicant:

Description:

Leticia Reyes 239-276-4640

Band will set up in the morning. Guests will arrive for reception on November 25,

2023 from 3:00PM until 12:30AM. The wedding reception will be from 2:00PM until

12:30AM.

Location of event: 11831 BAYSHORE RD, NORTH FORT MYERS, FL 33917

Lee Civic Center Complex

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

Date

10/20/2023

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Wedding



Event Application

Check the appropriate b	ox(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

Section I - GENERAL INE	ORMATION (All Permit Types)
Title of Event / Name of	OKIVIATION (All Permit Types)
Production	Wedding
Date(s) of Event / Production:	11/25/2023
Location(s) of Event:	Lee Civic Center Complex 11831 Bayshore Rd North
Name of Applicant:	Leticia Reyes
Applicant Address:	5353 Gilchrist St Naples FL 34113
Applicant Phone Number:	
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	Lety. Reyes 25@ gmail.com
Estimated Attendance:	500 or less
Event Description: Include each activity, when activities take place, etc.	Band will set up in the morning
	Evest will arive For reception at 3:00 pm-12:30
Hours of Operation:	2pm-12:30 am wedding reception -
STRAP # of Parcel:	24-43-25-00-00007.0000
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?	
Are any temporary structures to be insta	alled for the event? Yes 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.	y Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event: Note: Certificate of Insurance must be submitted.	OTT Insurance fat time of application	Agency LLC
Surety Company Bonding this Event (Na	me 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 ☐ No	Yes No	√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: Canal	Ne will be cooking on beans, rice, torillo	the Food at home ar bring it in to ser our gues
Section II - USE OF COUNTY PR	ROPERTY PERMIT	
Organization Sponsoring the Event: —		
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Cou	nty Property?	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: 	
Please note: A permit from the State of Florida	Division of Alcoholic Reverages and Tohacco may a	also be required: please call (239) 344-0885 for

further details



TV Movie	ction (choose all tha	t apply).						
	or Special	TV Ser	ries / Pilot		TV Comm	ercial		Still Photos
Public Ser	vice Announcement	Industr	rial / Documentary		Other:			
ill any of the	e following be neede	ed or include	d*?					
	Street Closure				┌ Yes	Г	No	
	Traffic / Crowd Con	trol			┌ Yes	Г	No	
	Fire or Burning				☐ Yes	Г	No	
	Explosives or Pyrote	echnics			☐ Yes	Г	No	
	Animals, Large or S	mall			☐ Yes	Г	No	
	Construction of Any	y Kind			Yes	Г	No	
	Large and/or Nume	rous Vehicle	S		☐ Yes	Г	No	
	Helicopters, Boats,	etc.			┌ Yes	Г	No	
	Stunts				┌ Yes	Г	No	
	Other				┌ Yes	Г	No	
	king Requirements:							
Special Park								
Special Parl								
Special Park			2					
	nty Services Require	d: (Personne	l. equipment. facili	ties. et	c.)			
	nty Services Require	d: (Personne	l, equipment, facili	ties, et	c.)			
	nty Services Require	d: (Personne	l, equipment, facili	ties, et	c.)			
	nty Services Require	d: (Personne	l, equipment, facili	ties, et	c.)			
City or Cou	ng information is rec	quired for loc	al and state record	s on pr	oduction in		a to ti	rack the economic impac
City or Cou		quired for loc	al and state record	s on pr	oduction in		a to ti	rack the economic impac
City or Cou The following	ng information is rec y. If exact figures are	quired for loc	al and state record	s on pr	oduction in			
City or Cou	ng information is red y. If exact figures are Cast:	quired for loc	al and state record e, please estimate	s on pr	roduction ir ely as possil Nu	ble.		
City or Cou The following the industry	ng information is rec y. If exact figures are Cast:	quired for loc	al and state record e, please estimate Number in Crew:	ls on pr as close oent in I	roduction ir ely as possil Nu	ble.		



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.

Jaine Martinez Lages
Witness

Licia Reyes
Print Name of Applicant and Title

8 14 23

B14 23

Jaine Martinez Lages
Witness



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

Check the appropriate box(es) below:

F SPECIAL EV	ENT PERMIT
⋉ USE OF CO	UNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	
	Parking for event will be in authorized areas only & right-of-way must not be impeded.

Deputies (How Many?):	2 Deputies for security & presence around event area.
T F C 1	
Fee for Services:	Contact LCSO Details Unit
Special Arrangements:	The Lee County Sheriff's Office will not be posted inside the facility where alcohol is being served
	but rather will respond in if there is an issue. The Lee County Sheriff's Office is not responsible for checking ID's. Event coordinator will assume all responsibility for alcohol that is being served
	at this private event. Lee County Parks & Recreation has stipulated that an extra duty detail must be hired at the event organizers expense as part of the rental agreement and the Lee County
	Sheriff's Office will determine how the event should be staffed. The Lee County Sheriff's Office will be present at the venue for public safety. All amplified sounds must adhere to the Lee County
	Noise Ordinance.
•	· · · · · · · · · · · · · · · · · · ·
	Print Name:
	Signature:
	Title: Commande!
	Date: 9 39 33

Letroia Reyes 2 Jaine Martinez Weddiz 11/25/2023



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

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.

Fire Guards (How Many?)	Nove
Fee for Services:	n/A
Flammable Vegetation:	not fermited
First Aid Equipment:	n/A
Fire Extinguishing:	on-site
Special Arrangements:	None
	Print Name: William Underwood Signature: Title: Fire Chief Date: 8/21/23
	Reyes Nedding- 11/25/23 Lee Civic Center.



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

Check the appropriate box(es) below:

- 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.

Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	Applicants shall fol Orders concerning people congregation	llow 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 to 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 Dougla
	Title:	Captain, EMS Operations
	Date:	August 22, 2023



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

Check the appropri	iate box(es) be	low:
☐ SPECIAL E\	/ENT PERMIT	
⋉ USE OF CO	OUNTY PROPERTY	PERMIT
,		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		
1		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking i	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estal	olished means of ingress and egress.
Special Arrangements:	Please use Lee Co	unty Sheriff's office for assistance with traffic control.
	Print Name:	Nathaniel Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.08.18 06:40:13 -04'00'
	Title:	Project Manager
	Date:	08/18/2023

Reyes Woodding 11/25/23 Lee Civic Center



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

Check the appropri	ate box(es) bel	low:	
SPECIAL EV	/ENT PERMIT		
⊠ USE OF CO	UNTY PROPERTY	PERMIT	
∕ PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM	ЛІТ		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.	
Illumination:	The event organize	er will need to provide supplemental safety and security lightning.	
Parking Areas:	Road. The event or	ise the designated parking areas located through the main entrance off of Bayshore rganizer must work with onsite staff to ensure vehicles do not block driveways and so emergency vehicles have clear access.	
Special Arrangements:	The event organizer is responsible for providing adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. The event organizer must work with contained the collection areas for debris/trash during and after the event. Alcohol must be contained within the main Civic Center building. Additionally, the event organizer must adhere to language written in the signed agreement		
	Print Name:	Colleen Via	
	Signature:	Calleer Via	
	Title:	Operation Manager	
	Date:	9/1/2023	

Civic Cerkie - Rayes wedding.



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

Check the appropriat	te box(es) be	low:
☐ SPECIAL EVE ☐ USE OF COU ☐ PERMIT TO S ☐ FILM PERMI	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 ion 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 tory basis with regards to general liability. of insurance.
	Print Name:	Mike Figueroa
	Signature:	This Frin-
	Title:	Risk Program Manager
	Date:	September 28, 2023

Leticia Reyes e Jaime Wedding 11/25/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/21/2023

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/lee) must be endorsed. If SURROGATION IS WAIVED, subject to

	ne terms and conditions of the policy, ertificate holder in lieu of such endors	cert	ain p	olicies may require an er						
PRODUCER Ott Insurance Agency, LLC						CONTACT Brian Seneski				
10915 Bonita Beach Rd. Ste. 1141					NAME: PHONE FAX (A/C, No): 2399482004 E-MAIL high (Modelling Comp.)					
						E-MAIL ADDRESS: brian@ottins.com				
Bonita Springs FL 34135						INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A: United States Liability Insurance Company			III.OW		
INSURED					INSURER B : United States Liability Insurance Company					
Leticha Reyes and Jamie Martinez-Reyes				/lartinez-Reyes	INSURER C:					
5353 Gilcrest St					INSURER D:					
Naples, FL 34113			*			INSURER E :				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			INSURER F:				
COVERAGES CER			TIFICATE NUMBER:			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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSF LTR		INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
1	CLAIMS-MADE X OCCUR					11/25/2023	11/27/2023	MED EXP (Any one person) \$	1,000	
A	CENTRICATION TO COURT	Υ	Υ	SE 1092285				PERSONAL & ADV INJURY \$	1,000,000	
		•	'	OL 1002200		11120/2020	1112112020	GENERAL AGGREGATE \$	2,000,000	
l	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG S	excluded	
	X POLICY PRO- LOC							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTIONS							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			OK 09/28/2023				x WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		2.1				E.L. EACH ACCIDENT \$		
(Mandatory In NH)				Mike Fig	gin -			E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
В	Liquor Liability	Υ	Y	SE 1092285		11/25/2023	11/27/2023	2,000,000 Aggregate \$1,000,	000 Occurrence	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
Location:11831 Bayshore Rd N. Fort Myers, FL 33917 By Endorsement: Additional Insured - Managers or Lessors of Premises # CG 20 11 04 13. Additional Insured - Managers or Lessors of Premises L-559 (10-16) Primary and Noncontributory- Owners and Lessors of Premises # L-777 (04-15), Waiver of Transfer of rights of recovery #CG 24 04 05 09 Subject to all terms, conditions and exclusions of the policies. It is the certificate holder's responsibility to make sure this satisfies your insurance requirement. A copy of the policy will be supplied upon written request, with the approval of Leticha Reyes and Jamie Martinez-Reyes.										
CERTIFICATE HOLDER CANCELLATION										
Lee County, a political subdivision and Charter County of the State of Florida PO Box 398						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				
Fort Myers, FL 33902							Quell to			

POLICY NUMBER: SE 1092285

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person(s) Or Organization(s) (Additional Insured):

Effective Date: 11/25/2023

LEE COUNTY, A POLITCAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA

PO BOX 398

FORT MYERS, FL 33902

Designation of Premises (Part Leased To You):

11831 BAYSHORE RD N FT MYERS, FL 33917

Additional Premium: \$

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1.Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2.Structural alterations, new construction or demolition operations performed by or on behalf of the person (s) or organization(s) shown in the Schedule.

However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and

- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amout of insurance:

- 1.Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE FORM

ADDITIONAL INSURED - MANAGER OR LESSORS OF PREMISES

SCHEDULE*

Name of Person or Organization (Additional Insured):

Effective Date: 11/25/2023

LEE COUNTY, A POLITCAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA

PO BOX

FORT MYERS, FL 33902

Designated Premises (Part Leased To You):

11831 BAYSHORE RD N FT MYERS, FL 33917

(*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the SCHEDULE but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

L-559 (10-16) Page 1 of 1

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Primary And Non-Contributory - Owners Or Lessors Of Premises

SCHEDULE:

Schedule:

Effective Date: 11/25/2023

LEE COUNTY, A POLITCAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA

PO BOX 398

FORT MYERS, FL 33902

Location of Premises:

11831 BAYSHORE RD N FT MYERS, FL 33917

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS,

Paragraph 4. OTHER INSURANCE, a. Primary Insurance is amended with the addition of the following:

The coverage afforded by this policy to any owners or lessor(s) of premises, scheduled above and who are additional insureds under this policy, is primary and non-contributory if:

- 1. This insurance is required to be primary and non-contributory under a written contract; and
- 2. The loss to be covered occurs on or after the effective date of the written contract; and
- 3. The loss to be covered was caused solely and exclusively by your acts or omissions or the acts or omissions of those acting on your behalf in connection with the use or control of that part of the premises leased to you under the written contract referred to above.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

L 777 (04-15) Page 1 of 1

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

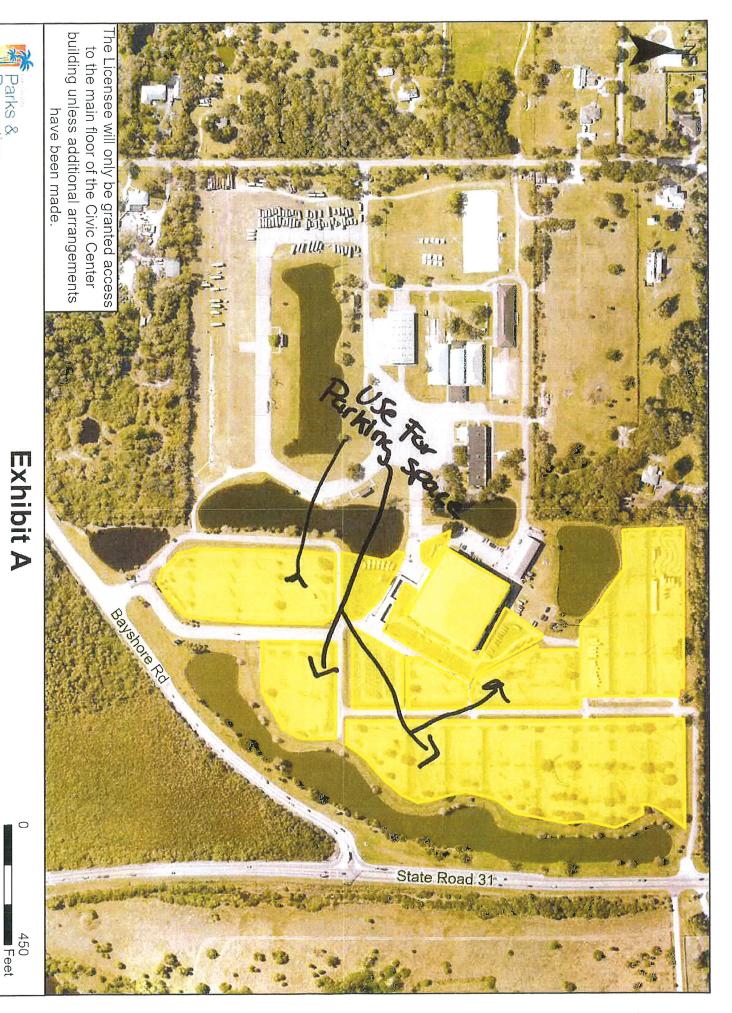
Name of Person Or Organization:

Effective Date: 11/25/2023 LEE COUNTY, A POLITCAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA PO BOX 398 FORT MYERS, FL 33902

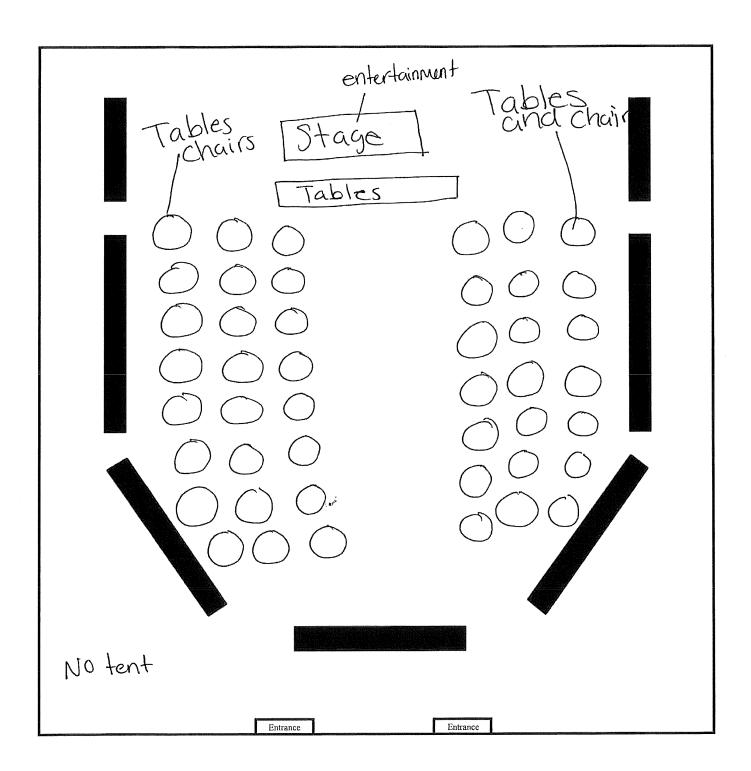
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.







^{**}The shaded black rectangles are the folded in bleachers. The use of the bleachers and/or catwalk are prohibited for all events.**