

# **EVENT PERMIT**



Ordinance 17-08

# Florida State Championship series / Coconut Cup series

**PERMIT NUMBER:** 

TMP2023-01180

Date(s) of Event:

November 19, 2023 from 8:00AM until 5:00PM

Property Owner:

TIITF/COUNTIES

Applicant:

David Berger 352-207-8455

Description:

Off road bicycle race, cross country mountain bike race held on the existing trail system

at the park on November 19, 2023 from 8:00AM until 5:00PM

Location of event:

19130 N RIVER RD, ALVA, FL 33920

Caloosahatchee Regional 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

County Manager Date

ftmpprmt\_specialevent.rpt

11/19/2



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Florida State Championship / Coconut Cup Series



# **Event Application**

Check the appropriate box(es	) below:
SPECIAL EVENT PERMIT	Г

**W** 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	Florida State Championship series / Coconut Cup series
Date(s) of Event / Production:	11-19-23
Location(s) of Event:	Caloosahattchee park
Name of Applicant:	Gone Riding, corp
Applicant Address:	10915 SW 58th Ave Road / Ocala, Fl 34476
Applicant Phone Number:	352-207-8455
Contact Person: (If different from applicant)	David Berger
Contact Phone Number: (If different from applicant)	352-207-8455
Email Address:	info@goneriding.com
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	off road bicycle race, cross country mountain bike race held on the exisiting trail system at the park.
Hours of Operation:	8am to 5pm
STRAP # of Parcel:	
Owner of Premises*:	Lee County

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



# Fill out the following questions for allpermit types:

What is the Zoning Classification of the $$	premises? recreation	
Are any temporary structures to be insta	alled for the event?   Yes   X No T	уре:
Do you have the appropriate permits for	the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan with	all proposed facilities and activities
Insurance Company Insuring the Event:	Fairly Consulting Group, LLC	
Note: Certificate of Insurance must be submitted	d at time of application	
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 X No	Yes X 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:		
Type of Food being Served:		
Section II - USE OF COUNTY P	DODEDTY DEDMIT	
Section II - OSE OF COONTY P	ROPERTY PERIVIT	
Organization Sponsoring the Event: Go	ne Riding, corp	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way:	
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization is	exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES PE	RMIT
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County I	Yes 🔀 No
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 further details	Division of Alcoholic Beverages and Tobacco may al	so be required; please call (239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):			
TV Movie or Special TV Seri	ies / Pilot	TV Commercial	Still Photos
☐ Public Service Announcement ☐ Industri	al / Documentary	Other:	
Will any of the following be needed or included	<b>!</b> *?		
Street Closure		Yes	₹ No
Traffic / Crowd Control		Yes	₹ No
Fire or Burning		Yes	₹ No
<b>Explosives or Pyrotechnics</b>		Yes	₹ No
Animals, Large or Small		Yes	No
Construction of Any Kind		├ Yes	₹ No
Large and/or Numerous Vehicles		Yes	₹ No
Helicopters, Boats, etc.		☐ Yes 万	₹ No
Stunts		├ Yes	₹ No
Other		Yes	₹ No
Special Parking Requirements:  City or County Services Required: (Personne	al equipment facilities e	oto )	
The following information is required for locathe industry. If exact figures are not available	al and state records on p	roduction in Flori	da to track the economic impact of
Number in Cast:	Number in Crew:	Number	of locals hired:
Total budget:	Estimate amount spent in		
Hotel room nights:	Number of shooting days:		

#### Applicant Agreement - Signature Required



#### SECTION | - 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 permises 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.

#### Applicant Agreement - Signature Required



#### 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 his/her knowledge.  Signature of Applicant	that any and all information is accurate to the best of  Witness  Witness
David Berger / Race Director	Terri Berger
Print Name of Applicant and Title	Print Name of Witness
8 - 8 - 23	8-8-23
Date	Date



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

Check the appropriate box(es) below:

•	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	All parking must be in authorized areas on site and must not impede the normal flow of traffic. The right-of-way must not be impeded.
Deputies (How Many?):	None required for this event.
Fee for Services:	None
Special Arrangements:	It is understood by this office, through the event permit application, that this event will remain on one side of the park and participants will not need to cross the road during any part of the course.
	Print Name:  Signature:  Support Services  Date:  8 8 03



#### 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 E	VENT PERMIT	
⋉ USE OF CO	OUNTY PROPERTY	Y PERMIT
JT FILM PERM	ИIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	na	
Fee for Services:	na	
Flammable Vegetation:	na	
First Aid Equipment:	na	
Fire Extinguishing:	na	
Special Arrangements:	na	
	Print Name: Signature: Title:	Brandon Kuhn Chief
	Date:	10/16/2023



# 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 COUNTY	UNTY PROPERTY P	ERMIT
☐ PERMIT TO	SELL AND CONSUI	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		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 at the event.
	Not applicable.	
Fee for Services	Trot application	
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 Distarly signed by Douglas B. Higgins Distarly signed by Douglas B. Higgins Distarly Emergency Medical Services, our-EMS Operations, email-DHiggins@leegov.com, c=US Date: 2023.09.27 163.223-0400
	Title:	Captain, EMS Operations
	Date:	September 27, 2023



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

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	11T	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY 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	olished means of ingress and egress.
Special Arrangements	N/A f 20/20/20	22
Special Arrangements:	IN/ A as of 08/09/20	23
	Print Name:	Nathaniel Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.08.09 12:42:32-04'00'
	Title:	Project Manager
	Date:	09/09/2023



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

Check the appropri	ate box(es) bel	ow;
μ,	UNTY PROPERTY SELL AND CONSI	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Event organizer wil	ll need to provide temporary lighting if needed for pre-dawn set up.
Parking Areas:	parking lot and alo	he north parking lot, a small section of management area #3 directly north of the ong the 1st section of the horse trail called Sunburn Meadow. Volunteers parking cars afety vest at all times. Insure fire lanes are not obstructed so emergency vehicles have
Special Arrangements:	rash and course made campground at the	port-a-lets from vendor of your choice. 1 port-a-let required per 50 participants. All arkings are to be picked up and disposed of in the dumpster located at the conclusion of the event. Set up may start after 12 pm the day prior to the event. Only hay be placed in the Sunburn Meadow parking area for security during setup, race day be event.
	Print Name: Signature: Title:	Colleen Via  Operations Manager
	Date:	10/24/2023



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

Cneck the appropriat	e box(es) bei	OW;
☐ SPECIAL EVEI	NT PERMIT	
▼ USE OF COUI	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	-	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION BLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pro	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.
	Certificate Must F	Read As:
	and public officia with regard to ge	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:	political subdivis	isurance 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 additional insured as listed above.
	Subject to proof	of insurance.
	Print Name:	Mike Figueroa
	Signature:	This from-
	Title:	Risk Program Manager
	Date:	September 8, 2023



#### LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriate box(es) below:

FILM PERMIT ONLY

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

Charial Arrangements	N/A	
Special Arrangements:	19/74	
Other:		
	'	
	Duint Manage	
	Print Name:	_
	Signature:	
		-
	Title:	_
	Date:	
		_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2023

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 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 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 lieu of such endorsement(s)

	1			
	INSURER F :			
OCALA, FL 34476-9395	INSURER E :			
10915 SW 58TH AVENUE RD	INSURER D :			
Gone Riding, Corp	INSURER C:			
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) A	ND INSURER B :			
	INSURER A:	Great American Insur	16691	
		INSURER(S) AFFORDING COVERAGE		NAIC#
FORT MYERS, FL 33907-5335	E-MAIL ADDRESS:	info@fdean.com		
Francis L. Dean & Associates, LLC 12800 UNIVERSITY DR STE 125	PHONE (A/C, No, Ext):	(800) 745-2409 FAX (A/C, No): (630) 665-7		
PRODUCER	CONTACT NAME:			
to the continues here in her or seem of the continues (c).				

COVERAGES CERTIFICATE NUMBER: GAP116522 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	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X HOST LIQUOR LIABILITY INCLUDED  X INCLUDES ATHLETIC PARTICIPANTS  GEN'L AGGREGATE LIMIT APPLIES PER.	Х		PAC 4725034	11/19/2023 12:00 AM	11/20/2023 12:01 AM	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$0 \$1,000,000 \$2,000,000 \$2,000,000
	X POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  HIRED AUTO  NON-OWNED AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS						COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	
Α	Professional Liability	х		PAC 4725034	11/19/2023 12:00 AM	11/20/2023 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	\$1,000,000 \$1,000,000
Α	Abuse and Molestation	Х		PAC 4725034	11/19/2023 12:00 AM	11/20/2023 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE	\$100,000 \$300,000
A	Accident/Medical Coverage			BSR-F039129-00	11/19/2023 12:00 AM	11/20/2023 12:01 AM	AD&D MAXIMUM MEDICAL DEDUCTIBLE	\$5,000 \$25,000 \$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Off Road Bicycle Bike Race

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER		CANCELLATION
Lee County Board of Commissioners P.O. Box 398 Ft. Myers, FL 33902	OK 09/08/2023	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 Francis L. Dean

