

EVENT PERMIT



Ordinance 17-08

Broken Butterflies Walk for Recovery

PERMIT NUMBER: TMP2023-01229

Date(s) of Event: December 23, 2023 from 7:00AM until 3:00PM

Property Owner:

LEE COUNTY

Applicant:

Leslie Benjamin

239-357-2158

Description:

The Broken Butterflies Walk for Recovery is a 5k walk for recovery event that will happen

on December 23, 2023 from 7:00AM until 3:00PM

Location of event:

7330 GLADIOLUS DR, FORT MYERS, FL 33908

Lakes Park

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event? Sold and Consumed

Will a bond be posted for this event?

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 Managek Dá

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Broken Butter flies Walk for Recovery



What is the Zoning Classification of the	ne premises?		
Are any temporary structures to be installed for the event? Yes No Type: Tents and signs/banners			
Do you have the appropriate permits for the temporary structures?			
* For a 'Special Event' and 'Use of Cou identified, including all parking areas.	unty Property' permit, submit a site plan w	ith all proposed facilities and activities	
Insurance Company Insuring the Eve	nt:		
Note: Certificate of Insurance must be submit	tted at time of application		
Surety Company Bonding this Event ((Name and Address):		
Will Vehicles be Used as Part of Thi Event?	s Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?	
⊤ Yes ▼ No	🔀 Yes 🦳 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:	Broken Butterflies Co	rporations	
Type of Food being Served: Brea	aktast tood		
Section II - USE OF COUNTY Organization Sponsoring the Event:	PROPERTY PERMIT Broken Butterflies Corp	orations	
Section III - SALE/CONSUM	PTION OF ALCHOLIC BEVERAGES	PERMIT	
Is alcohol being sold/consumed on C	County Property? ired. Only non-profit organizations can sell alcohol on Cour	X Yes X No hty Property.	
Non-profit certificate/registration n (Required if alcohol is to be <u>SOLD</u> at the event)	umber: 85-8019027475C	-4	
Please note: A permit from the State of Flor	ida Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for	

further details



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.



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

Check the appropriate box(es) below:

	ENT PERMIT	
区 USE OF CO	UNTY PROPERTY PERMIT	
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM		
1 116141 1 61414	11	
AFTER REVIEWING THE WILL REQUIRE THE APPL	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.	-
Deputies (How Many?):	None are required for this event.	•
Fee for Services:	None	-
Albi		
[
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.	et e e e
T to the control of t		
The state of the s		
	Print Name: P. Cumnins	
	Signature:	/
	Title: Commandes	
	Date: 10 27 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 E	VENT PERMIT			
▼ USE OF CO	OUNTY PROPERTY	PERMIT		
FILM PERM	ИIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PICANT TO COMPL	LEASE INDICATE B LY WITH FOR THEIR	ELOW WHAT ARRANGEMENT EVENT.	'S YOUR ORGANIZATION
Fire Guards (How Many?)	NA			
Fee for Services:	NA			
Flammable Vegetation:	NA			
First Aid Equipment:	CALL 911 IF NEEDE	D		
Fire Extinguishing:	NA			
Special Arrangements:	NA			
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2023.11.14 13:48:44 -05'00'	_
	Title:	Division Chief - Fire 8	Life Safety	_
	Date:	November 14th, 202	3	_



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

		(233) 333 3311
Check the appropria	te box(es) belov	v:
SPECIAL EV	ENT PERMIT	
⊠ USE OF CO	UNTY PROPERTY P	ERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
	•	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT 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.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in to office at EMSDetai	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Digitally signed by Douglas B. Higgins 'Date: 2023.11.04 15:27:25 -04'00
	Title:	Captain, EMS Operations

November 4, 2023

Date:



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

Check the appropri	iate box(es) be	low:	
SPECIAL EV	VENT PERMIT		
☑ USE OF CO	OUNTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERN	ΛIT		
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, I	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	plished means of ingress and egress.	
Special Arrangements:	Shall use Lee County Sheriff's Office for assistance with traffic control as needed. Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.		
	Print Name:	Nathan Thoman	
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.11.02 08:38:56-04'00'	
	Title:	Project Manager	
	Date:	11/02/23	



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		
** *	UNTY PROPERTY	PERMIT	
**		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM			
71			
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OF THEIR EVENT.	ИO
llumination:	Event organizer mu	ust provide own lighting if needed to safely run the event.	
Parking Areas:		t 7:00am o the designated parking areas inside Lakes Park. All vehicles with the event are their event parking pass.	
Special Arrangements:	and first aid station directional signs (IE 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. Removal survey flags, wire frame signs and cones) are permitted. De cleaned and cleared by 10 am. Ing at your designated Pavillions. I debris must be cleaned up and removed prior to checking out with staff. It is or vehicles permitted on the pathways. 7:00 am	
	Print Name:	Colleen Via	
	Signature:	Collen Vice	
	Title:	Operations Manager	
	Date:	10/26/2023	
	Signature: Title:	Operations Manager	

Lakes - Broken Butter fless walk to Recovery
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LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropria	te box(es) be	low:
☐ SPECIAL EVE ☐ USE OF COU ☐ PERMIT TO S ☐ FILM PERMI	NTY PROPERTY ELL AND CONS	PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A	APPLICATION, I CANT TO COMI	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance Requirements:	limits of One Mil property damag Certificate Must Lee County, a pound public official with regard to go noncontributory A Certificate of Ir political subdivis	olitical 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. Insurance 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 additional insured as listed above.
	Print Name: Signature:	Mike Figueroa
	Title:	Risk Program Manager
	Date:	Nov 17, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2023 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. 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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s) CONTACT NAME: Mass Merchandising Underwriting PHONE K&K Insurance Group, Inc. 260-459-5105 (A/C, No, Ext): E-MAIL 800-426-2889 (A/C, No): 1712 Magnavox Way info@sportsinsurance-kk.com ADDRESS: PRODUCER Fort Wayne IN 46804 CUSTOMER ID: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: 23787 Nationwide Mutual Insurance Company INSURED **Broken Butterflies Corporation INSURER B: DBA: Broken Butterflies** INSURER C: 4007 18th St SW INSURER D: Lehigh Acres, FL 33976 A Member of the Sports, Leisure & Entertainment RPG INSURER E: INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER: W02579804 COVERAGES** 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. POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD INSR LIMITS TYPE OF INSURANCE **POLICY NUMBER** LTR 6BRPG0000007893700 12/23/2023 12/24/2023 EACH OCCURRENCE \$1,000,000 X Α COMMERCIAL GENERAL LIABILITY X 12:01 AM EDT 12:01 AM DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 \$1,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT PROFESSIONAL LIABILITY POLICY LOC LEGAL LIAB TO PARTICIPANTS \$1,000,000 OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) BODILY INJURY (Per person) ANY AUTO OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS ONLY ONLY HIRED PROPERTY DAMAGE (Per accident) AUTOS ONLY NOT PROVIDED WHILE IN HAWAII EACH OCCURRENCE **UMBRELLA LIAB OCCUR** AGGREGATE **EXCESS LIAB** CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND N/A OTHER STATUTE **EMPLOYERS' LIABILITY** E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/ Y/N EXECUTIVE OFFICER/MEMBER E.L. DISEASE - EA EMPLOYEE **EXCLUDED?** (Mandatory in NH) If yes, describe under DESCRIPTION E.L. DISEASE - POLICY LIMIT OF OPERATIONS below 6BRPG0000007893700 12/23/2023 12/24/2023 PRIMARY MEDICAL MEDICAL PAYMENTS FOR PARTICIPANTS 12:01 AM EDT 12:01 AM \$25,000 EXCESS MEDICAL DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Legal Liability to Participants (LLP) limit is a per occurrence limit. Event Name: Broken Butterflies Walk for Recovery Type of Event: Walk Distance:5K Event Date (including ancillary events and set-up/tear-down): 12/23/2023 to 12/23/2023 Number of Participants: 250 Event Location: Lakes Park , 7330 Gladiolus Dr., Fort Myers The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Lee County, a political subdivision and Charter County of the State of THE EXPIRATION DATE THEREOF, NOTI ACCORDANCE WITH THE POLICY PROVISIONS. WILL BE DELIVERED NOTICE Florida Ole 11/17/23 P.O. Box 398 AUTHORIZED REPRESENTATIVE Fort Myers, FL 33902 (Owner/Lessor of Premises)

Coverage is only extended to U.S. events and activities.

Scott

^{*} NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

Lakes Regional Park: 5K Map (Park opens at 7:00 AM) 7330 Gladiolus Drive. Fort Myers, FL 33908 (239) 533-7575

