

EVENT PERMIT



Ordinance 17-08

Pine Island Art Association Annual Art Show and Sale

PERMIT NUMBER:

TMP2024-00035

Date(s) of Event:

Saturday, February 17, 2024 from 8:00AM until 4:00PM

Sunday, February 18, 2024 from 8:00AM until 4:00PM

Property Owner:

LEE COUNTY

Applicant:

Sharon Traylor

239-770-1957

Description:

Art show happening on Saturday, February, 17, 2024 from 8:00AM until 4:00PM and

Sunday, February 18, 2024 from 8:00AM until 4:00PM

Location of event:

2000 - 2051 NORTH RECREATION PARK WAY, NORTH FORT MYERS, FL 33903

North Fort Myers Park and Recreation Center

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? 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

Yes

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Pine Island Art Association Annual Art Show and Sale

TMP2024-00035



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	ORMATION (All Permit Types)							
Title of Event / Name of Production	Pine Island Art Association Annual Art Show and Sale							
Date(s) of Event / Production:	February 17-18, 2024							
Location(s) of Event:	North Fort Myers Recreation Center							
Name of Applicant:	Pine Island Art Association							
Applicant Address:	P.O. Box 136 Matlacha, FL 33993							
Applicant Phone Number:	239-770-1957							
Contact Person: (If different from applicant)	Sharon Traylor, Treasurer, Pine Island Art Association							
Contact Phone Number: (If different from applicant)	239-770-1957							
Email Address:	smtraylo@gmail.com							
Estimated Attendance:	2000							
Event Description: Include each activity, when activities take place, etc.	Art Show, Saturday and Sunday, Feb. 17-18, 2024							
Hours of Operation:	8:00 a.m 4:00 p.m.							
STRAP # of Parcel:	35432400000011000							
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 inst	alled for the event? Yes No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Countidentified, including all parking areas. Insurance Company Insuring the Event: Note: Certificate of Insurance must be submitted Surety Company Bonding this Event (Na	d at time of application	h 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	├ 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 PR	ROPERTY PERMIT	
Organization Sponsoring the Event:	ine Island Art Associati	on
Section III - SALE/CONSUMPT	TON OF ALCHOLIC BEVERAGES P	PERMIT
Is alcohol being sold/consumed on Cou		Yes No
If Yes, then a "Lee County Alcohol Permit" is required. Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	Only non-profit organizations can sell alcohol on County	Property.
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for



TV Movie o	r Special	1	TV Series / Pilot		TV Comme	rcial	Г	Still Photos	
Public Servi	ice Announcement	☐ Ir	ndustrial / Documentary	Г	Other:				7. Company of the Com
ll any of the	following be neede	d or inc	cluded*?						
S	Street Closure				☐ Yes	Г	No		
Ī	☐ Yes	Г	No						
F	┌ Yes	Г	No						
E	☐ Yes	П	No						
I	Animals, Large or Sr	nall			☐ Yes	Г	No		
(Construction of Any	Kind			☐ Yes	Г	No		
l	_arge and/or Nume	ous Ve	ehicles		☐ Yes	Г	No		
l	Helicopters, Boats,	etc.			☐ Yes	Г	No		
3	Stunts				┌ Yes	Г	No		
(Other				┌ Yes	Г	No		
For any man	ng Requirements:								
Special Parki	ng Requirements:		sonnel, equipment, facilit	ies, et	.c.)				
Special Parki	ng Requirements:			ies, et	cc.)				
Opecial Parki City or Coun	ng Requirements: ty Services Required	d: (Pers		on p	roduction in		a to tr	rack the econ	omic impa
Opecial Parki City or Coun	ng Requirements: ty Services Required g information is required. If exact figures are	d: (Pers	sonnel, equipment, facilit	on p	roduction in ely as possib	le.		rack the econ	omic impa
Special Parki City or Coun The following the industry.	ng Requirements: ty Services Required g information is required are lesses.	d: (Pers	sonnel, equipment, facilit for local and state records vailable, please estimate a	s on pi	roduction in ely as possib Nur	le.			omic impa



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.

Signature of Applicant

Sharon Traylor, Treasurer

Print Name of Applicant and Title

11 08 23 Date VICKY J. WERNER

11/08/23



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

F PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

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

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

rking:	Parking for the event will be in authorized areas only. Right of way must not be impeded.
eputies (How Many?):	None required for this event.
e for Services:	None is required for this event.
pecial Arrangements:	Any amplified sounds must adhere to Lee County noise ordinances.
'	Print Name: P. Commins
	Signature:
	Title: Commander
	Date: // // 2 3



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 EV	ENT PERMIT		
□ USE OF CO	UNTY PROPERTY	PERMIT	
☐ PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES	WITHIN LEE COUNTY FACILITIES
☐ FILM PERM	IIT		
		ASE INDICATE BELOW WHAT A CANT TO COMPLY WITH FOR	
Fire Guards (How Many?)			
ee for Services:			
Flammable Vegetation:			
First Aid Equipment:			
Fire Extinguishing:	Certified f	ire extinguishers provided.	
Special Arrangements:			
	Print Name:	Lloyd Adams	
	Signature:	Lloyd Adams	
	Title:	Fire Inspector	
	Date:	12/13/23	



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

Check the appropriate box(es) below:

- □ 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.

, , , , , , , , , , , , , , , , , , ,	QUITE THE 711 TERC	THE TO COME IT WITH THE MEVENT						
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 g at the event.						
Fee for Services	Not applicable.	•						
Special Arrangements:	Please call 911 in toffice at EMSDetai	he event of an emergency. To arrange special event coverage, contact our @leegov.com.						
	Print Name:	Douglas B. Higgins						
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2023.12.26 17:24:38 -05'00'						
	Title:	Captain, EMS Operations						
	Date:	December 26, 2023						



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

спеск тпе арргорги	ate box(es) bei	ow:
☐ SPECIAL EV	'ENT PERMIT UNTY PROPERTY	PERMIT
Bandtool	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Park in designated	areas. No event parking on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.
Special Arrangements:		ty Sheriff's Office for assistance with traffic control as needed. e access and public vehicular access shall be maintained on all surrounding Lee d roads.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.11.17 08:52:54-05'00'
	Title:	Project Manager
	Date:	11/17/2023



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

Check the appropri	ate box(es) belo	DW:
<i>y</i> 1	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.
Illumination:	N/A-This is an Indoo	or event.
Parking Areas:	driveways and road provide adequates	bould direct patrons to the designated parking locations and they should not block dways to allow for emergency parking vehicles to have clear access. Organizer must staff along with directional signage, traffic safety devices and communication to d pedestrians move through parking and market safely.
Special Arrangements:		own timelines must be confirmed and approved by Center supervisor. Contact orth Fort Myers Recreation Center at 239-533-7200.
	Print Name:	Colleen Via
	Signature:	Aileer Via
	Title:	Operations Manager
	Date:	11/28/2023

North Rec - Pinc Island Art Show



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

Check the appropriate box(es) below:

	NT PERMIT		
▼ USE OF COUIT	NTY PROPERTY	PERMIT	
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FA	ACILITIES
FILM PERMIT	-		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOU'LY WITH FOR THEIR EVENT.	OUR ORGANIZATION
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Doll otect against bodily injury and/or property damage relative to event within Lee County.	
	Certificate Must I	Road As	
	and public officia with regard to ge	litical subdivision and Charter County of the State of Florida, it als are automatic additional insureds and includes an automati eneral liability. The certificate holder is an additional insured or basis with regards to general liability.	ic waiver of subrogation
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required coveration and Charter County of the State of Florida, P.O. Box 398, Foolder and as an additional insured as listed above.	
	Subject to proof	of insurance.	
	and the forest of the second s		*
	Print Name:	Mike Figueroa	
	Signature:	This frin-	
	Title:	Risk Program Manager	
	Date:	November 14, 2023	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/20/2023

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 be endorsed. If SUBROGATIONIS 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).

PROD	UCER				CONTAC	T		and all the second seco		
	GRIFF INSURANCE SERVICES LLC	/PHS			NAME: PHONE (866) 467-8730 FAX					Annihamid halimining hamiltoning hamiltoni
22273438				(A/C, No, Ext): (A/C, No):						
	he Hartford Business Service Center			-		***************************************		avaia		
) Wiseman Blvd			1	E-MAIL ADDRES	SS:				
San Antonio, TX 78251 INSURER(S) AFFORDING COVERA					IG COVERAGE		NAIC#			
INSU					INSURE	RA: Hartfor	d Casualty Ins	urance Company		29424
	PINE ISLAND ART ASSOC. INC				INSURE	RB:				
	BOX 136 LACHA FL 33993-0136				INSURER C:					
	2.0.0.1.2.00000 4.00				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:	A CONTRACTOR OF THE PARTY OF TH			
CO	/ERAGES C	ERTIF	ICATI	E NUMBER:			REVIS	ION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIE									
	DICATED.NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR M.									
TE	RMS, EXCLUSIONS AND CONDITIONS	OF S	UCH P	OLICIES. LIMITS SHO	OWN M	AY HAVE BEEN	REDUCED BY P	AID CLAIMS.	3 30001	OF TO ALL THE
INSR	TYPE OF INSURANCE	ADDL		POLICY NUMBER	1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)		LIMITS	And the second s
FIR	COMMERCIAL GENERAL LIABILITY	man	MAD			(MINULULATE TEXT)	(MM/DD/Y YYY)	EACH OCCURRENCE	T	\$1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE() PREMISES (Ea occurre		\$300,000
	X General Liability							MED EXP (Any one por		\$10,000
Α		Х		22 SBM NH85	593	05/18/2023	05/18/2024	PERSONAL & ADV INJ	JURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$2,000,000
1	POLICY PRO- X LOC							PRODUCTS - COMP/C	OP AGG	\$2,000,000
	OTHER:									
	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	MIT	
	ANY AUTO						1	BODILY INJURY (Per p	person)	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per s	accident)	
	HIRED NON-OWNED							PROPERTY DAMAGE		
	AUTOS							(Per accident)		
-	UMBRELLA LIAB OCCUR		-					EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-							AGGREGATE		
	DED RETENTION\$									
-	WORKERS COMPENSATION							PER	OTH-	
	AND EMPLOYERS' LIABILITY ANY Y/N							STATUTE	ER	
	PROPRIETOR/PARTNER/EXECUTIVE	NIA						E.L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE -EA EMI	PLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	
A	EMPLOYMENT PRACTICES		1	22 CBM NU 105		05/40/2022	05/40/0004	Each Claim Li	imit	\$5,000
	LIABILITY			22 SBM NH85		05/18/2023	05/18/2024	Aggregate Li	mit	\$5,000
	CRIPTION OF OPERATIONS / LOCATIONS / V		S (ACO	RD 101, Additional Ren	narks Sc	hedule, may be atta	ched if more space	e is required)		
-	se usual to the Insured's Operations									
CE	RTIFICATE HOLDER					CANCELLA	TION			

Lee County Board of **County Commissioners** PO BOX 398

FORT MYERS FL 33902-0398

OK 11/14/2023

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

Sugar S. Castaneda

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

Chack	+40	annranciata	haylas	1 holows
CHECK	me	appropriate	DOXIES	j below:

Date:

FILM PERMIT ONLY AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. **Special Arrangements:** Other: Print Name: Signature: Title:

