

# **EVENT PERMIT**



Ordinance 17-08

## Mango Mania

**PERMIT NUMBER:** 

TMP2024-00150

Date(s) of Event:

July 13, 2024

Property Owner:

DIOCESE OF VENICE

Applicant:

Cynthia Welch

239-283-0888

Description:

Tropical Fruit Fair. Family event that includes tropical fruit sales, tastings, growers,

artisans, crafters, music, adult beverages, kids activities, contests and games. On July

13, 2024 from 9:00AM until 4:00PM at 12175 Stringfellow Rd.

Location of event:

12175 STRINGFELLOW RD, BOKEELIA, FL 33922

12175 Stringfellow Rd, Bokeelia, FL 33922

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

No

Will there be alcohol consumed or sold at the event?

Sold and 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



#### **Event Application**

Check the appropriate box(es) below:

| SPECIAL EVENT PERM | X | SPEC | CIAL | EVI | ENT | PE | R٨ | ΛII |
|--------------------|---|------|------|-----|-----|----|----|-----|
|--------------------|---|------|------|-----|-----|----|----|-----|

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<br>Production                                     | Mango Mania   |  |  |  |  |
| Date(s) of Event /<br>Production:  | July 13, 2024   |  |  |  |  |
| Location(s) of Event:  | 12175 Stringfellow Rd, Bokeelia. FL 33922<br>Our Lady of the Miraculous Medal Church  |  |  |  |  |
| Name of Applicant:   | Greater Pine Island Chamber of Commerce   |  |  |  |  |
| Applicant Address:   | P O Box 325, Matlacha, Fl 33993   |  |  |  |  |
| Applicant Phone Number:  | 239-283-0888  |  |  |  |  |
| Contact Person:<br>(If different from applicant)                           | Cynthia Welch   |  |  |  |  |
| Contact Phone Number:<br>(If different from applicant)                     |   |  |  |  |  |
| Email Address:   | Info@pineislandchamber.org  |  |  |  |  |
| Estimated Attendance:  | 1200  |  |  |  |  |
| Event Description: Include each activity, when activities take place, etc. | Tropical fruit fair. Family event that includes tropical fruit sales, tastings, growers, artisans, crafters, music, adult beverages, kids activities, contests and games. |  |  |  |  |
| Hours of Operation:  | 9am to 4pm  |  |  |  |  |
| STRAP # of Parcel:   | 17-44-22-00-00014.0000 Folio: 10013940  |  |  |  |  |
| Owner of Premises*:  | Diocese of Venice   |  |  |  |  |

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



| What is the Zoning Classification of the  | premises? AG -2   |   |
|---|---|---|
| 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  |
| identified, including all parking areas.  | ty Property' permit, submit a site plan wit   |   |
| Insurance Company Insuring the Event:   | Certain underwriters at L   | loyds, London   |
| Note: Certificate of Insurance must be submitte   | d at time of application  |   |
| Surety Company Bonding this Event (Na   | ame 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  | X Yes No  | 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:  Type of Food being Served: BBQ,  | hot dogs, burgers, ice  |   |
| Section II - USE OF COUNTY P  | ROPERTY PERIVITI<br>2007-00-00-00-00-00-00-00-00-00-00-00-00-                         |   |
| Organization Sponsoring the Event:  | Greater Pine Island Chamber   | r of Commerce   |
|   |   | . Totalnia sinerka kinakara aterakan manakara                                       |
| Section III - SALE/CONSUMPT   | TION OF ALCHOLIC BEVERAGES P  | ERMIT   |
| Is alcohol being sold/consumed on Cou   | inty Property?  | Yes No  |
| If Yes, then a "Lee County Alcohol Permit" is required  | . Only non-profit organizations can sell alcohol on County                            | ***************************************   |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | <sup>nber:</sup> 59-0995723   |   |
| <b>Please note:</b> A permit from the State of Florida further details                          | Division of Alcoholic Beverages and Tobacco may a                                     | lso be required; please call (239) 344-0885 for                                     |



|                  | Comme    | Ciai                                    | L   | Still Photos  |
|------------------|----------|---|---|---|
| Ot               | her:     |   |   |   |
|                  |          |   |   |   |
| r                | Yes      | IX                                      | No  |   |
| Г                | Yes      | X                                       | No  | 2 92 ··· · · · · · · · · · · · · · · · ·  |
| Γ                | Yes      | X                                       | No  | one a const   |
| E                | Yes      | X                                       | No  |   |
| Γ                | Yes      | X                                       | No  | 9° 000,2° 000,000   9° 000,000   9° 000,000   9° 000,000   9° 000,000   9° 000,000   9° 000,000   9° 000,000  |
| Γ                | Yes      | X                                       | No  | Osom a seed   |
| <u> </u>         | Yes      | 区                                       | No  |   |
| Γ                | Yes      | ΙX                                      | No  |   |
| Γ                | Yes      | X                                       | No  | Marina, N   |
| Γ                | Yes      | X                                       | No  | 600 CP 13 VC 5.100  |
|                  |          |   |   |   |
|                  |          |   |   |   |
|                  |          |   |   |   |
|                  |          |   |   |   |
| etc.)            |          |   |   |   |
| etc.)            |          |   |   |   |
| etc.)            |          |   |   |   |
| produ            | ction in |   | a to tr   | rack the economic impa  |
| produ            | s possib | le.                                     |   | rack the economic impa  |
| produ<br>osely a | s possib | le.                                     |   |   |
|                  |          | Yes | Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes | ☐ Yes       ☒ No         ☐ Yes       ☒ No |



#### **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.

ADMIN. Print Name of Applicant and Title

3/27/2024

Date



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

|   | OUNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  IT  |
|---|---|
| AFTER REVIEWING THE<br>WILL REQUIRE THE APP | 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 and presence throughout the event area as well as 2 deputies for traffic control.   |
| Fee for Services:                           | Contact LCSO Details Unit   |
| Special Arrangements:                       | All amplified sound must adhere to the Lee County noise ordinance. Due to traffic concerns in this area there will be two deputies required for traffic control as well as two deputies for security & presence inside the event area. All alcoholic beverages must remain within the confines of the event area. |
| ·   | Print Name: Cumus'us Signature: Title:  |
|   | COMMANDER   |

4 10 24

Date:



#### 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 CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
| FILM PERM                  | AIT   |
|                            | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. |
| Fire Guards (How<br>Many?) |   |
| Fee for Services:          |   |
| Flammable Vegetation:      |   |
| First Aid Equipment:       | The five department will be providing one apparatus with staff to provide EMS/rescue services                 |
| Fire Extinguishing:        | Fire extinguishers will be required for any tent exceeding 10×10.   |
| Special Arrangements:      |   |
|                            |   |
|                            | Print Name: NATT DAVIS  |
|                            | Signature:  |
|                            | Title: Assistant Chief of Fire  |
|                            | Date: 4/3/2024  |
|                            | 1 1 - 1   |



# 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<br>FILM PERM           |   | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES                                      |
|----------------------------------|---|--|
| AFTER REVIEWING THE A            | APPLICATION, PLEA<br>QUIRE THE APPLIC     | ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.           |
| Treatment Facilities:            | None necessary.                           |  |
| Medical Personnel:               | None necessary.                           |  |
| Medical Supplies /<br>Equipment: | None necessary.                           |  |
| Safety Requirements:             | Applicants shall fol<br>Orders concerning | low all CDC and FDOH directives, and the Florida Governor's Executive health and safety. |
| 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:                                | Digitally signed by Captain Douglas B. Higgins Date: 2024.04.06 15:16:30 -04'00'         |
|                                  | Title:                                    | Captain, EMS Operations  |
|                                  | Date:                                     | April 6, 2024  |



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

| Check the appropri    | ate box(es) bei                | low:  |
|-----------------------|--------------------------------|---|
|                       | UNTY PROPERTY<br>SELL AND CONS | PERMIT  UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
|                       |                                | 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 estab           | olished means of ingress and egress.  |
| Special Arrangements: |                                | ty Sheriff's Office for assistance with traffic control as needed.<br>e access and public vehicular access shall be maintained on all surrounding Lee<br>d roads. |
|                       | Print Name:<br>Signature:      | Nathan Thoman  Nathaniel C. Thoman  Digitally signed by Nathaniel C. Thoman Date: 2024,04.02 09:12:38-04'00'  |
|                       | Title:                         | Project Manager   |
|                       | Date:                          | 04/02/2024  |
|                       |                                |   |



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

| Check the appropri    | ate box(es) belo   | ow;   |
|-----------------------|--|---|
|                       | ENT PERMIT   |   |
| ☐ USE OF CO           | UNTY PROPERTY  | PERMIT  |
| PERMIT TO             | SELL AND CONSU   | JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERM             | ИIT  |   |
|                       |  |   |
|                       |  | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.   |
| llumination:          | N/A  |   |
|                       |  |   |
| Parking Areas:        | N/A  |   |
|                       |  |   |
|                       |  | NO. IN THE PARTY OF A PARTY OF THE PARTY OF |
| Special Arrangements: | N/A - Event is not o   | n Parks and Rec property and will not affect county park operations or programs.  |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       | TO STATE OF THE ST |   |
|                       | Print Name:  | Colleen Via   |
|                       | Signature:   | Collee Vice   |
|                       | Title:   | Countywide Services Manager   |
|                       | Date:  | 4/1/2024  |
|                       |  |   |

Noton PK Property - Mango Mania 7/13/2024 Page 10



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

| Check the appropriat    | te box(es) bel                        | ow:   |
|-------------------------|---------------------------------------|---|
| SPECIAL EVE             | NT PERMIT                             |   |
| USE OF COU              | NTY PROPERTY                          | PERMIT  |
| PERMIT TO S             | ELL AND CONS                          | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERMI              | Γ                                     |   |
|                         |                                       | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.   |
| Insurance Requirements: | occurrence to pr                      | 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 I                    | Read As:  |
|                         | and public official with regard to ge | 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. |
| Special Arrangements:   | political subdivis                    | 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 additional insured as listed above.   |
|                         | Subject to proof                      | of insurance.   |
|                         | Print Name:                           | Mike Figueroa   |
|                         | Signature:                            | Mike from   |
|                         | Title:                                | Risk Program Manager  |
|                         | Date:                                 | March 27, 2024  |
|                         |                                       |   |



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2024

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

| thi                               | s certificate does not confer rights  | o the         | cert         | ificate noider in lieu of st                  |   |  | ).                         |   |            |   |  |
|-----------------------------------|---|---------------|--------------|---|---|--|----------------------------|---|------------|---|--|
| PROD                              | UCER  |               |              |   | NAME:   | ADRI W                                     | JTKOWSKI                   |   |            |   |  |
| Robertson Ryan & Associates, Inc. |   |               |              |   |   | PHONE   FAX   (A/C, No, Ext):   (A/C, No): |                            |   |            |   |  |
| ADRI WUTKOWSKI                    |   |               |              |   | E-MAIL<br>ADDRESS: awutkowski@robertsonryan.com |  |                            |   |            |   |  |
| 7251 W Lake Mead Blvd #300        |   |               |              |   | INSURER(S) AFFORDING COVERAGE                   |  |                            |   | NAIC#      |   |  |
| Las Vegas NV 89128                |   |               |              |   | INSURER A: Lloyds Syndicate 2623                |  |                            |   | AA-1128623 |   |  |
| INSUR                             |   |               |              |   | 1   |  | Syndicate 623              |   |            | AA-1126623                              |  |
|                                   | Greater Pine Island Chambe  | ar of C       | 'omm         | oroo  | INSURE  |  | Syndicate 620              |   |            | AA-1120023                              |  |
|                                   | c/o Cynthia Welch   | , OI C        | OHIII        | erce  | INSURE  |  |                            |   |            |   |  |
|                                   |   |               |              |   | INSURE  |  |                            |   |            |   |  |
|                                   | 10530 Stringfellow Rd   |               |              | EI 00000                                      | INSURE  | RE:  |                            |   |            |   |  |
|                                   | Bokeelia  |               |              | FL 33922                                      | INSURE  | RF:  |                            |   |            |   |  |
|                                   |   |               |              | NUMBER:                                       |   |  |                            | REVISION NUMBER:  |            |   |  |
| CE                                | IS IS TO CERTIFY THAT THE POLICIE:<br>DICATED. NOTWITHSTANDING ANY R<br>RTIFICATE MAY BE ISSUED OR MAY<br>CLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT | REME<br>AIN, | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF ANY  | CONTRACT                                   | OR OTHER DESCRIBED         | OCUMENT WITH RESPEC   | OT TO      | WHICH THIS                              |  |
| NSR<br>LTR                        | TYPE OF INSURANCE   | ADDL          | SUBR         | POLICY NUMBER                                 |   | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  | 3          |   |  |
|                                   | COMMERCIAL GENERAL LIABILITY  | 1130          |              | . DEIOT HOMBEIT                               |   |  | (                          | EACH OCCURRENCE   |            | 00,000                                  |  |
| ľ                                 | CLAIMS-MADE OCCUR   |               |              |   |   |  |                            | DAMAGE TO RENTED PREMISES (Ea occurrence)                         | · · · ·    | 00,000                                  |  |
|                                   | Host Liquor Liability   |               |              |   |   |  |                            | MED EXP (Any one person)  | \$ 5,0     |   |  |
| A                                 | X Retail Liquor Liability   | Y             | N            | EH-771324-L3638857                            |   | 07/11/2024                                 | 07/14/2024                 | PERSONAL & ADV INJURY   |            | 00,000                                  |  |
| 1                                 | GEN'L AGGREGATE LIMIT APPLIES PER:  | 1             |              |   |   | 12:01 AM                                   | 12:01 AM                   | GENERAL AGGREGATE   |            | 00,000                                  |  |
| ŀ                                 | PRO-  |               |              |   |   | 12.017                                     | .2.0                       |   |            | 00,000                                  |  |
| 1                                 |   |               |              |   |   |  |                            | PRODUCTS - COMP/OP AGG  Deductible                                | \$ 500     |   |  |
| -                                 | OTHER: AUTOMOBILE LIABILITY   | +             | -            |   |   |  |                            | COMBINED SINGLE LIMIT   | \$         | ,                                       |  |
| -                                 | ANY AUTO  |               | -            |   |   |  |                            | (Ea accident) BODILY INJURY (Per person)                          | \$         |   |  |
| -                                 | OWNED SCHEDULED   |               |              |   |   |  |                            |   | \$         |   |  |
| -                                 | AUTOS ONLY AUTOS NON-OWNED  |               |              |   |   |  |                            | PROPERTY DAMAGE   |            |   |  |
| -                                 | AUTOS ONLY AUTOS ONLY   |               |              |   |   |  |                            | (Per accident)  | \$         |   |  |
|                                   |   |               |              |   |   |  |                            |   | \$         |   |  |
| -                                 | UMBRELLA LIAB OCCUR   |               |              |   |   |  |                            | EACH OCCURRENCE   | \$         |   |  |
|                                   | EXCESS LIAB CLAIMS-MADI   |               |              |   |   |  |                            | AGGREGATE   | \$         |   |  |
|                                   | DED   RETENTION \$  |               |              |   |   |  |                            |   | \$         |   |  |
|                                   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |               |              |   |   |  |                            | PER OTH-<br>STATUTE ER  |            | *************************************** |  |
|                                   | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A           |              |   |   |  |                            | E.L. EACH ACCIDENT  | \$         |   |  |
|                                   | (Mandatory in NH)   |               |              |   |   |  |                            | E.L. DISEASE - EA EMPLOYEE  | \$         |   |  |
|                                   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |               |              |   |   |  |                            | E.L. DISEASE - POLICY LIMIT                                       | \$         |   |  |
|                                   |   |               |              |   |   |  |                            |   |            |   |  |
|                                   |   |               |              |   |   |  |                            |   |            |   |  |
|                                   |   |               |              |   |   |  |                            |   |            |   |  |
|                                   | RIPTION OF OPERATIONS / LOCATIONS / VEHI<br>icate holder listed below is named as   |               |              | nsured per attached CG 20                     |   |  |                            | •   | al Ever    | nt - Outdoor.                           |  |
|                                   |   |               |              | OK 03/27/2024                                 |   |  |                            |   |            |   |  |
|                                   |   |               |              | Mike Join                                     |   |  |                            |   |            |   |  |
| CEF                               | TIFICATE HOLDER   |               |              |   | CANO  | ELLATION                                   |                            |   |            |   |  |
|                                   | Lee County, a political subd<br>Charter County of the State<br>it's agents, employees and<br>officials<br>2115 Second St                  | of Flo        | rida,        |   | SHO<br>THE<br>ACC                               | ULD ANY OF                                 | N DATE THI                 | ESCRIBED POLICIES BE CA<br>EREOF, NOTICE WILL E<br>LY PROVISIONS. |            |   |  |
|                                   | Fort Myers  |               |              | FL 33901                                      | ADK   |  |                            |   |            |   |  |
|                                   |   |               |              |   |   | @ 40                                       | 100 004E AO                | ODD CODDODATION   | A 11       | ht- wasaniad                            |  |

Policy Number: EH-771324-L3638857 CG 20 26 (Ed. 04/13)

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### Schedule

| Name of Additional Insured Person(s) or Organization(s):  |
|---|
| Lee County, a political subdivision and Charter County of the State of Florida, it's agents, employees and public officials 2115 Second St Fort Myers, FL 33901 |
|   |
|   |
| 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 for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. in the performance of your ongoing operations; or
  - 2. in connection with your premises owned by or rented to you.

#### However:

- 1. 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 amount of insurance:

- 1. required by the contract or agreement; or
- 2. 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.

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CG 20 26 (Ed. 04/13)



### OUR LADY OF THE MIRACULOUS MEDAL CHURCH 12175 Stringfellow Road, Bokeelia, Florida 33922-2877 Website: www.miraculousmedalch.org Telephone: 239-283-0456

/9 March 15, 2024

To Whom it May Concern:

This letter serves to notify Lee County Building and Permitting Services that the Greater Pine Island Chamber of Commerce has been given permission to use our property, including the sale of alcohol, at Our Lady of the Miraculous Medal Church campus on 12175 Stringfellow Rd, Bokeelia, FL for the Mango Mania Event on July 13, 2024.

Strap- 17-44-22-00-00014.0000, Folio 10013940

I understand that all permitting requirements, including sanitary facilities, public liability insurance, and site plans will be the responsibility of the Greater Pine Island Chamber of Commerce.

Regards

Title Parish Prist Company Outlady of

Company\_\_\_our Lady

Our Lady of the Miraculous Medal Church

(Notary signature etc)

JENNIFER BENNETT **Notary Public** State of Florida Comm# HH193721 Expires 11/1/2025

3/19/2024 comm# HH193721 EX 11/1/2025

# Google Maps



MAP Showing Fenced area of event.

Mayo Manua 2024.

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