

EVENT PERMIT



Ordinance 17-08

Durango Fest

PERMIT NUMBER:

TMP2024-00235

Date(s) of Event:

September 1, 2024

Property Owner:

LEE COUNTY

Applicant:

Armando Gallegos

786-229-5445

Description:

Spanish dance concert on September 1, 2024 from 3:00PM-10:00PM.

Location of event:

11831 BAYSHORE RD, NORTH FORT MYERS, FL 33917

Lee Civic Center. 11831 Bayshore Rd.

Will the event be attended by 1000 or more people?

Yes

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?

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

7-23-24



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

DURANGO FEST

TMP2024-00235



Event Application

Check the appropriate box(es) below:

- X SPECIAL EVENT PERMIT
- 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	Durango Fest
Date(s) of Event / Production:	September 1, 2024
Location(s) of Event:	Lee Civic Center: 11831 Bayshore Rd North Fort Myers, FL 33917
Name of Applicant:	Arma Promotions LLC
Applicant Address:	314 Washington Ave Homestead, FL 33030
Applicant Phone Number:	(305) 247-2789
Contact Person: (If different from applicant)	Armando Gallegos
Contact Phone Number: (If different from applicant)	(786) 229-5445
Email Address:	armaprod@bellsouth.net
Estimated Attendance:	1,200
Event Description: Include each activity, when activities take place, etc.	Spanish Dance Concert
Hours of Operation:	3pm-10pm
STRAP # of Parcel:	244 325 000 000 70000
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? Community Facili	ties
		Type:
Do you have the appropriate per	mits for the temporary structures?	Yes No
* For a 'Special Event' and 'Use o identified, including all parking a	f County Property' permit, submit a site plan wi reas.	th all proposed facilities and activities
Insurance Company Insuring the	Event: Next Insurance Compan	V
Note: Certificate of Insurance must be s	ubmitted at time of application	The state of the s
Surety Company Bonding this Ev	ent (Name and Address):	
Will Vehicles be Used as Part o Event?	f This Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
⊤ Yes ▼ No	▼ Yes	▼ Yes
If yes, automobile coverage must included on the certificate of insura		If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organizatio Providing Food:	Taqueria's Guerrero: 2715 Westgate Ave V Juniors Irresistable Flavors: 4437 Francina	A second
Type of Food being Served:	ACOS, Hotdogs, Chicken wings, and Q	uesadillas
Section II - USE OF COUNTY Organization Sponsoring the Even	ent: Arma Promotions LLC	
Is alcohol being sold/consumed		χ Yes No
If Yes, then a "Lee County Alcohol Permit" is Non-profit certificate/registrati (Required if alcohol is to be <u>SOLD</u> at the eve	required. Only non-profit organizations can sell alcohol on Coun on number: nt)	ty Property.
	f Florida Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 fo



	or Special	_	oly): TV Series / Pilot		TV Co	mmerc	ial		Still Pl	notos	
		nt [Industrial / Documentary	, _	Othe						
	ne following be need										
in any or a	Street Closure	aca or	meladed .		ГУ	'es	X	No			
	Traffic / Crowd Co	ntrol				'es	Г	No			
	Fire or Burning	111101				'es	, X	No			
	Explosives or Pyro	techni	ics			es	X	No			
	Animals, Large or				, _ Y	'es	X	No			
	Construction of A		1		Γ γ	es/es	X	No			
	Large and/or Num				_ Y	es	X	No			
	Helicopters, Boats				F Y	es/		No			
	Stunts				F Y	es/es	X	No			
	Other				_ \	es	П	No			
We will h	nave someone co	ontrol	the traffic.								
	nave someone co		the traffic.								
Special Par	rking Requirements:		the traffic. ersonnel, equipment, faci	lities, etc	:.)						
Special Par City or Cou	rking Requirements: unty Services Requir ing information is re ry. If exact figures an	ed: (Pe		ds on pro	oducti	ossible			rack th		omic impa
Special Par City or Cou The follow the industr	rking Requirements: unty Services Requir ing information is re ry. If exact figures ar	ed: (Pe	ersonnel, equipment, faci d for local and state recor available, please estimate	ds on pro	oducti ly as p	oossible Numb					omic impo



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.

his/her knowledge.	M
Signature of Applicant	Witness
Armando Gallegos/President	Maria Bernabe
Print Name of Applicant and Title	Print Name of Witness
6/11/24	6/11/24
Date	Date



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

Check the appropriate box(es) below:

☐ SPECIAL E	VENT PERMIT
√ USE OF CO	DUNTY PROPERTY PERMIT DISELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ΛΙΤ
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only. Right-of-way should not be impeded.
Deputies (How Many?):	1 supervisor and 5 deputies for security & presence
Fee for Services:	Contact LCSO Details Unit
Special Arrangements:	The Lee County Sheriff's Office is not responsible for checking ID's. Event coordinator will assume all responsibility for alcohol that is being served at this event. Lee County Parks & Recreation has stipulated that an extra duty detail must be hired at the event organizers expense as part of the rental agreement and the Lee County Sheriff's Office will determine how the event should be staffed. The Lee County Sheriff's Office will be present at the venue for public safety. All amplified sounds must adhere to the Lee County Noise Ordinance.
· ·	O_{A}
	Print Name: COMMINS
	Signature:
	Title: Commander
	Date: 6 26 24



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 EVE	ENT PERMIT	
USE OF COL	JNTY PROPERTY P	ERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	2 FF/EMTs wil	l be required for Medical and Fire Watch/Crowd Control Management
Fee for Services:	\$100 Permit/	Inspection Fee and 2 EMT/FF for Watch at \$45 per hour per FF
Flammable Vegetation:	Not Permitte	d
First Aid Equipment:	Provided by	Bayshore Fire
Fire Extinguishing:	Provided by	Bayshore Fire
Special Arrangements:	FF/EMT's will for travel and	be invoiced separately, after the event for actual hours plus 30 minutes set-up
	Print Name:	William Underwood
	Signature:	W-
	Title:	Fire Chief
	Date:	06/19/2024



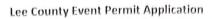
EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check the appropriate box(es) below:

- □ USE OF COUNTY PROPERTY PERMIT

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

Treatment Facilities:	None necessary.	
rreatment Facilities:		
Medical Personnel:	Lee County EMS re through Bayshore F	equires emergency medical personnel on site. This requirement can be fulfilled Fire District or through Lee County EMS.
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	Applicants shall foll Orders concerning	low all CDC and FDOH directives, and the Florida Governor's Executive health and safety.
Fee for Services	Not applicable.	
Special Arrangements:	This requirement c	his approval, Lee County EMS requires emergency medical personnel on site. an be fulfilled through Bayshore Fire District or through Lee County EMS. To ent coverage, contact Bayshore Fire District or our office at v.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Date: 2024.07.19 16:52:22 -04'00'
	Title:	Captain, EMS Operations
	Date:	July 19, 2024





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

Check the appropri	ate box(es) bel	ow:
	UNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	No event parking is	permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	olished means of ingress and egress.
Special Arrangements:	Shall use Lee Coun Emergency vehicle County maintained	ty Sheriff's Office for assistance with traffic control as needed. access and public vehicular access shall be maintained on all surrounding Lee I roads.
	Print Name: Signature: Title: Date:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024.06.28 09:19:54 -04'00' Project Manager 06/28/2024



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

Check the appropri	ate box(es) bel	low:
J⊠ SPECIAL EV	ENT PERMIT	
IX USE OF CO	UNTY PROPERTY	PERMIT
X PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
llumination:	The event organize	er will need to provide supplemental safety and security lightning.
Parking Areas:	Road. The event or	se the designated parking areas located through the main entrance off of Bayshore ganizer must work with onsite staff to ensure vehicles do not block driveways and so emergency vehicles have clear access.
Special Arrangements:	litter control and d staff to designate t contained within t	er is responsible for providing adequate staff/volunteers throughout the event for ebris clean up during and after the event. The event organizer must work with onsite he collection areas for debris/trash during and after the event. Alcohol must be he main Civic Center building. Additionally, the event organizer must adhere to all n the signed agreement
	Print Name: Signature:	Colleen Via
	Title:	Countywide Services Manager
	Date:	6/18/2024

Civic Cerks - Durango Fest 9/1/2024

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

Check the appropriat	e box(es) bel	low:	
SPECIAL EVEI	NT PERMIT		
□ USE OF COUL	NTY PROPERTY	PERMIT	
		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERMIT	Г		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	5 YOUR ORGANIZATION
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million (otect against bodily injury and/or property damage relative event within Lee County.	
	(\$1,000,000) per	Liquor Liability insurance will be required with minimum li occurrence. Should Host Liquor Liability coverage be affor policy, minimum acceptable limits will be Two Million Dolla	d under the Commercial
Special Arrangements:	political subdivis the certificate ho subrogation with	nsurance shall be submitted as evidence of the required costion and Charter County of the State of Florida, P.O. Box 398 older and as an automatic additional insureds and includes in regard to general liability. The certificate holder is an additional suitable with regards to general liability. of insurance.	8, Fort Myers, FL 33902 as an automatic waiver of
	Print Name: Signature: Title: Date:	Mike Figueroa Mike Figueroa Risk Program Manager July 19, 2024	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2024

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 liquid such and

	te certificate ficiaer in fica of 3		
PRODUCER		CONTACT NAME: Judith Fernandez	
Judith Fernandez Insurance Agency		PHONE (A/C, No, Ext): 786-377-3878 FAX	. No): 786-377-3876
633 N. Krome Ave Suite 3		E-MAIL ADDRESS: jfernandez@jkfins.com	And desired the second
Homestead, FL 33030		INSURER(S) AFFORDING COVERAGE	NAIC#
Homestead	FL 33030	INSURER A: NEXT INSURANCE US COMPANY	16285
INSURED		INSURER B:	
ARMA PROMOTIONS LLC		INSURER C :	
314 WASHINGTON AVE		INSURER D :	
		INSURER E:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOMESTEAD	FL 33030	INSURER F:	
COVERAGES CERTIF	ICATE NUMBER:	REVISION NUMBE	₽·

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THE ID TO CERTIFY THAT THE DO	VIOLED OF WAR	

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.

INSR		TYPE OF INSURANCE	ADDL SUBI		POLICY EFF	POLICY EXP	LIMITS			
A	GEI	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR OCCUR CLAIMS-MADE X OCCUR OCCUR	X	NXTXVQT94F-00-GL	02/12/2024		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG S	100,000.00 5.000.00 1,000,000.00 2,000,000.00 2,000,000.00		
	AUT	OMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) S BODILY INJURY (Per person) S BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S S			
A	×	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X	NXTXVQT94F-00-GL	02/12/2024	02/12/2025	EACH OCCURRENCE S AGGREGATE S S	1,000,000.00		
	AND ANY OFFI (Mar	EKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? (datory in NH) S, describe under CRIPTION OF OPERATIONS below	N/A				PER OTH- STATUTE ER E.L. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE S E.L. DISEASE - POLICY LIMIT S			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LEE COUNTY, A POLITICAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA. ITS AGENTS, EMPLOYEES, AND PUBLIC OFFICIALS ARE AUTOMATIC ADDITIONAL INSUREDS AND INCLUDES AN AUTOMATIC WAIVER OF SUBROGATION WITH REGARD TO GENERAL LIABILITY. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ON A PRIMARY AND NONCONTRIBUTORY BASIS WITH REGARDS TO GENERAL LIABILITY.

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LEE COUNTY, A POLITICAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA P.O.BOX 398 FORT MYERS, FLORIDA 33902

CANCELLATION

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 JUDITH FERNANDEZ

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