

# **EVENT PERMIT**



Ordinance 17-08

# Loving Lehigh Fall Festival

**PERMIT NUMBER:** 

TMP2024-00321

Date(s) of Event:

November 2, 2024 10:00AM-2:00PM.

Property Owner:

UNKNOWN

Applicant:

Bryan Fuller

239-321-0698

Description:

November 2, 2024 from 10:000AM- 2:00PM:

Project church will provide complimentary hamburgers, hotdogs, nachos, popcorn, cotton

candy, Italian ice, juice boxes, and soda.

Location of event:

55 HOMESTEAD RD S, LEHIGH ACRES, FL 33936

55 Homestead Rd S

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

#### Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

LOUING LEHIGH FALL FESTIVAL Tm12024-00321



#### **Event Application**

Check the appropriate box(es) below:

- F SPECIAL EVENT PERMIT
- □ USE OF COUNTY PROPERTY PERMIT
- FILM PERMIT

Title of Event / Name of	
Production	Loving Lehigh Fall Festival
Date(s) of Event / Production:	November 2, 2024
Location(s) of Event:	Veterans Park 55 Homestead Rd S Lehigh Acres, FL 33936
Name of Applicant:	Bishop Stan Wiley/Project Church which is a 501c3
Applicant Address:	303 Penn Rd W
Applicant Phone Number:	239-362-8795
Contact Person: (If different from applicant)	Bryan & Brendaliz Fuller Project Church Community Relations Coordinators
Contact Phone Number: (If different from applicant)	Bryan - 239-321-0698 Brendaliz - 239-321-3775
Email Address:	brendalizf@thekleanspot.com
Estimated Attendance:	100-200 possibly. This is over the course of the day and not a standing crowd.
Event Description: Include each activity, when activities take place, etc.	Project Church will provide complimentary hamburgers, hotdogs, nachos, popcorn, cotton candy, Italian ice, juice boxes, soda & water.  In addition we will have a DJ/live music, family-friendly games, children's crafts, face painting, and bounce houses, Lehigh Acres Fire & Rescue, & Lee County Sheriff's Office Community Relations.  All activities will take place throughout the course of the 4hrs.
Hours of Operation:	Event starts at 10am until 2pm Setup: 7:00am -9:30am Breakdown: 2:00pm until 3pm
STRAP # of Parcel:	
Owner of Premises*:	Lee County Government

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



Fill out the following questions fo	r allpermit types:			<u>==4</u>
What is the Zoning Classification of t	he premises? Park			
Are any temporary structures to be in	nstalled for the event?	┌ Yes ⋉ No ·	Гуре:	
Do you have the appropriate permits	for the temporary stru	ctures?	┌ Yes ┌	No
* For a 'Special Event' and 'Use of Co indentified, including all parking area		submit a site plan wil	th all proposed facil	ities and activitie
Insurance Company Insuring the Eve	nt: Evanston Insurance (	Company		
Note: Certificate of Insurance must be subm	itted at time of application			
Surety Company Bonding this Event	(Name and Address): P	o Box 1298 Grass Valle	,, CA 95945	
Will Vehicles be Used as Part of Th Event?	is Will Food be Avai	able at this Event?		Beverages be ed at this Event?
⊏Yes 反 No	⊼ Yes	┌ No	┌─ Yes	⊠ No
if yes, automobile coverage must be included on the certificate of insurance.		lity coverage must be tificate of insurance.		y coverage must be tificate of insurance.
Name & Address of Organization Providing Food:	Project Church 303 Penn Rd W Lehigh	Acres, FL 33936		
Type of Food being Served: Hambu	rgers, hot dogs, popcom,	cotton candy, Italian Ic	e, nachos, water, sod	a, and jucie
Section II - USE OF COUNTY	PROPERTY PERM	П		
Organization Sponsoring the Event:	Project Church			
Fill out this portion for applications		County Rights-of-Way	/;	
Name of Charity:				
Address of Charity:				
Phone Number:				
Non-profit certificate/registration n	umber:			
(Proof of registration with the Dept. of Agricultur		5 or proof the organization is	exempt from this require	ment. §316.2045)
Section III - SALE/CONSUMI	PTION OF ALCHOL	IC BEVERAGES P	ERMIT	
Is alcohol being sold/consumed on (	County Property? ired. Only non-profit organizatk	ons can sell alcohol on County	┌─Yes	No
Non-profit certificate/registration n (Required if alcohol is to be <u>SOLO</u> at the event)				
Please note: A permit from the State of Flor further details	rida Division of Alcoholic Bev	erages and Tobacco may a	also be required; please	call (239) 344-0885



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply)	유 : 10 년 - 12 년 - 12 년 12일 - 12일 - 12일 - 12일 - 12일						
TV Movie or Special די	V Series / Pilot	Г	TV Commer	cial	г	Still Photos	
Public Service Announcement  Inc	dustrial / Documentary	Г	Other:				
Will any of the following be needed or inc	luded*?						
Street Closure			☐ Yes	▽	No		
Traffic / Crowd Control			☐ Yes		No		
Fire or Burning			, ☐ Yes		No		
Explosives or Pyrotechnics			Yes		No		
Animals, Large or Small			⊤ Yes		No		
Construction of Any Kind			⊤ Yes				
Large and/or Numerous Vel	nicles		∏ Yes		No		
Helicopters, Boats, etc.			Yes	, 50°	No No		
Stunts			Yes		No		
Other			T Yes		No		
* For any marked Yes, provide further de				12	"10		
Special Parking Requirements:							
N/A							
City or County Services Required: (Perso	nnel equipment faciliti	ac at					
N/A		55, CI					
The following information is required for the industry. If exact figures are not avail	local and state records of able, please estimate as	on pro	duction in Flo ly as possible.	rida 1	to tra	ck the economi	c impact o
Number in Cast:	Number in Crew:		Numbe		ocals i	nired:	
Total budget:	Estimate amount spen	t in Le	e County:				
Hotel room nights:	— Number of shooting da						
number of rooms x number of nig	inte	177					

#### Applicant Agreement - Signature Required



#### SECTION 1 - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### Applicant Agreement - Signature Required



#### SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

_ Lin Milly	
Signature of Applicant	Witness
Tia Wiley Executive Pastor	
Print Name of Applicant and Title	Print Name of Witness
09/25/2024	
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 EVENT PERMIT

XUSE OF COUNTY PROPERTY PERMIT

┌─ PERMIT TO ┌─ FILM PERM	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	All parking with be in authorized areas only on site. The right-of-way should not be impeded at any time.
Deputies (How Many?):	None required for this event as event.
Fee for Services:	None required.
Special Arrangements:	Any amplified sound should adhere to Lee County noise ordinance.
	Print Name: DENTS PETRACIA Signature: Support Services Date: 10-15-24



#### 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:

				RMIT

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.

Fire Guards (How Many?)	Minimum of 1 crowd ma Communication devices over the course of the e	nager required, based on estimated attendance. Staff shall be provided with Provide minimum of 1 crowd manager per every 250 persons. Application notes 100-200 vent
Fee for Services:	Review fee - \$100.0	00
Flammable Vegetation:	Not permitted	
First Aid Equipment:	See EMS page of Appl	ication For requirements
Fire Extinguishing:	Application noted any of extinguisher within 50ft	cooking to be done at park provided grill. Provide a minimum of one 2A:10BC fire of cooking (extinguishers may be located at pavilion)
Special Arrangements:	One emergency ac vehicles to access	cess must be maintained at all times into park, parking lots, and onto grounds for emergency food vendors and attendees with emergencies.
	Print Name:	Fred Cooley
	Signature:	Fral/47
	Title:	Fire Inspector <sup>t</sup> .
	Date:	9/4/2024
		사람들이 가장 가장 가장 가장 가장 되었다.



#### EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

Check the appropriate box(es) below:

SPECIAL EVEN	IT PERMIT	
USE OF COUN	ITY PROPE	RTY PERMI
FILM PERMIT		

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

Treatment Facilities:	N/A	
Medical Personnel:	Where event exceeds 1000 persons, a dedicated ALS ambulance is required to be maintained site for the duration of the event	on
Medical Supplies / Equipment:	Provide first-aid on site. Where EMS/Fire units are on site for the event and not dedicated, fire/ems units and personnel can be utilized to fullfill this requirement	
Safety Requirements:		
Fee for Services	EMS fees. Fees are assessed for crowds exceeding 1000 persons, where an ALS unit is required	
Special Arrangements:		
	Print Name: Fred Cooley Signature: Jas lay	
	Title: Fire inspector  Date: 9/4/2024	

*Check the appropriate box(es) below:* 

#### **Lee County Event Permit Application**



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

SPECIAL EV	ENT PERMIT				
▼ USE OF CO	UNTY PROPERTY P	ERMIT			
FILM PERM	IIT				
AFTER REVIEWING THE VILL REQUIRE THE APPL			W WHAT ARRANGEMENTS \ ENT.	OUR ORGANIZATION	
Treatment Facilities:	See Special Arrange	ments below.			
Medical Personnel:	See Special Arrange	ments below.			
Medical Supplies / Equipment:	See Special Arrangements below.				
Safety Requirements:	See Special Arranger	ments below.			
Fee for Services	See Special Arranger	ments below.			
Special Arrangements:	as it falls within their 636 Thomas Sherwir	igh Acres Fire Control an response district. Their on Ave S, Lehigh Acres, FL O Email: firerescue@lehig	33974	S coverage for this event,	
	Print Name:	Douglas B. Higgins			
	Signature:	77-B.1p-	Digitally signed by Captain Douglas B. Higgins Date: 2024.08.25 17:05:54 -04'00'		
	Title:	Captain, EMS Operation	s		
	Date:	August 25, 2024			



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

Check the appropr	iate box(es) be	rlow:	
☐ SPECIAL E	VENT PERMIT		
IX USE OF C	OUNTY PROPERT	Y PERMIT	
		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERI			
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.	۸C
Parking:	No event parking	s permitted in Lee County maintained road right of ways.	
Ingress and Egress:	Please use all esta	blished means of ingress and egress.	
Special Arrangements:	Shall use Lee Coul Emergency vehicle County maintained	nty Sheriff's Office for assistance with traffic control as needed. 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: 2024.08.26 07:39:43 -04'00'	
	Title:	Project Manager	
	Date:	08/26/2024	



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

Check the approp	oriate box(es)	below:
	EVENT PERMIT	
	COUNTY PROPE	RTY PERMIT
PERMIT	TO SELL AND CO	NSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PER	RMIT	THIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE AP	IE APPLICATION PLICANT TO COI	, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION MPLY WITH FOR THEIR EVENT.
Illumination:	Any illumination	needs will be provided by the event organizer.
	<u>L</u>	
Parking Areas:	Confirm appropi parking attendar clear for emerge	riate parking areas with the site supervisor. Event organizer will provide adequate nce and traffic control devices and must ensure all emergency access and egress are ncy vehicles.
Special Arrangements:		pectators must disperse and leave the park area to seek safe shelter during lightning ing weather.  pervisor for event needs.
	Print Name: Signature: Title:	Coller Via County Wide Services Manager
Veterans - Lovin	Date: f Lehyh Fa	9/27/2024 U Fest
11/2/2	:024	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 approp	riate box(es)	below:						
	EVENT PERMIT							
	SE OF COUNTY PROPERTY PERMIT							
☐ PERMIT T	O SELL AND CO	NSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES						
☐ FILM PERI	MIT	THE DEVENAGES WITHIN LEE COUNTY FACILITIES						
AFTER REVIEWING THI WILL REQUIRE THE APP	E APPLICATION PLICANT TO CO	I, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION MPLY WITH FOR THEIR EVENT.						
Insurance Requirement:	Commercial goccurrence to	eneral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per protect against bodily injury and/or property damage relative to applicants use of ed event within Lee County.						
	aforementioned event within Lee County.  Certificate Must Read As:							
	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.							
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.							
	Subject to proof of insurance.							
	Print Name:	Mike Figueroa						
	Signature:	Mike Join						
	Title:	Risk Program Manager						
	Date:	September 27, 2024						

# ACORD®

CERTIFICATE OF LIABILITY INSURANCE 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 DEPORTS AND THE CERTIFICATE HOLDER. DATE (MM/DD/YYYY) IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. INSURED THAT: If the certificate notice is an Additional Insured, the policy(res) 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 Will Maddux
NAME: Will Maddux
PHONE
(AC, No, Ext): (530) 477-6521
E-MAIL
ADDRESS: Info@theeventhelper.com East Main Street Insurance Services, Inc. Will Maddux FAX (A/C, No): PO Box 1298 INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company Grass Valley CA 95945 NAIC# INSURED 35378 Project Church INSURER 8 : INSURER C c/o Bryan Fuller INSURER D : 303 Penn Rd W INSURER E : Lehigh Acres FL 33936 COVERAGES INSURER F: CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE

ADDILINATION
INSURANCE

POLICY FOR POLICY FOR POLICY PROPERTY.

POLICY FOR POLICY FOR POLICY PROPERTY.

POLICY FOR POLICY FOR POLICY PROPERTY.

LIMITS

1.000,0000 CERTIFICATE NUMBER: CLAIMS-MADE X OCCUR EACH OCCURRENCE DAMAGE TO RENTED PREMISES (other than fire) s 1,000,000 Host Liquor Liability s 1,000,000 Retail Liquor Liability s 5,000 MED EXP (Any one person) Υ N 3DS5475-M3826766 11/02/2024 11/03/2024 GEN'L AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY s 1,000,000 12:01 AM 12:01 AM POLICY PRO- LOC GENERAL AGGREGATE s 2,000,000 OTHER: PRODUCTS - COMP/OP AGG \$ 2,000,000 AUTOMOBILE LIABILITY \$ 1,000 COMBINED SINGLE LIMIT (Es accident)

BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$
PROPERTY DAMAGE | \$ UMBRELLA LIAB EXCESS LIAB EACH OCCURRENCE CLAIMS-MADE DED RETENTIONS
WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
ANYPROPRIETOR/PARTINER/EXECUTIVE
OFFICE/RMEMBGREXCLUDED?
(Mandatory in NH)
(I yes, describe under AGGREGATE PER STATUTE E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 150, Event Type: Harvest Festival - No Farm Implements or Equipment. Lee County, a political subdivision and Charter County of the State of Florida its agents, employees and public officials are named as CERTIFICATE HOLDER 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.

ACORD 25 (2016/03)

Lee County Board of County Commissioners

PO Box 398

Fort Myers

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Will Madding

AUTHORIZED REPRESENTATIVE

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FL 33902



COMMERCIAL GENERAL LIABILITY
POLICY NUMBER: 3DS5475-M3826766

# **EVANSTON INSURANCE COMPANY**

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 FORM

#### SCHEDULE

Name Of Additional Insured	d Person(s) Or Organization(s):
At a bennesi annunaloh and	Charter County of the State of Florida its agents, employees and public officials
	가는 사람이 되었다. 그런 그런 그는 그 그들은 그런 그를 보고 있는데 함께 되었다. 
	경영 경

- 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 of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
  - 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.

MEGL 2217 01 19

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Page 1 of 2

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.

All other terms and conditions remain unchanged.



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

Check the appropriate box(es) below:

FILM PERMIT ONLY

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

			Project for the second second
Special Arrangements:			
Other:			
	Print Name:		
	Signature:		
	Title:		
	Date:		



### Insurance Requirements

(General Liability Only)

Minimum Insurance Requirements: Risk Management in no way represents that the insurance required is sufficient or adequate to protect the vendors' interest or liabilities. The following are the required minimums the vendor must maintain throughout the duration of this contract. The County reserves the right to request additional documentation regarding insurance provided

a. <u>Commercial General Liability</u> - Coverage shall apply to premises and/or operations, products and completed operations, independent contractors, contractual liability exposures with minimum limits of:

\$1,000,000 per occurrence \$2,000,000 general aggregate \$1,000,000 products and completed operations \$1,000,000 personal and advertising injury

#### Verification of Coverage:

- Coverage shall be in place prior to the commencement of any event and throughout the duration of the event. A certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:
  - a. Under the Description of Operations, the following must read as listed:

"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."

b. The certificate holder must read as follows:

Lee County, a political subdivision and Charter County of the State of Florida P.O. Box 398 Fort Myers, Florida 33902

#### **Special Requirements:**

- An appropriate "Indemnification" clause shall be made a provision of the contract/agreement.
- It is the responsibility of the general contractor to ensure that all subcontractors comply with all insurance requirements.

Revised 11/14/2022 - Page 1 of 1



#### Loving Lehigh Fall Festival Letter of Intent

09/25/2024

Project Church Inc. 303 Penn Rd W Lehigh Acres, FL 33936

#### Agencies Receiving L.O.T

Lee County Community Development of 1500 Monroe St. Fort Myers, FL 33901 Lee County Board of County Commissioners of 2120 Main St. Fort Myers, FL 33901 and Lee County Parks and Recreation of 3410 Palm Beach Blvd, Fort Myers, FL 33916

Hello,

This letter of intent proposes to the agencies listed above that Project Church Inc. of Lehigh Acres, FL 33936 is organizing a community event in Lehigh Acres, FL. This event aims to provide an opportunity for families in the community to come together and have a meaningful experience of camaraderie. Our vision is to love people right where they are, nurturing authentic relationships as we bridge the gaps between the church and the community.

Title of Event: Loving Lehigh Fall Festival

Date: November 2, 2024

Venue and Time of Event: Veterans Park 55 Homestead Rd S, Lehigh Acres, FL 33936 from 10 am -2 pm. Setup time from 7 am -9:30 am and Breakdown from 2-3 pm.

Proposed By: Bryan and Brendaliz Fuller, Project Church Community Relations

Event Description: Loving Lehigh Fall Festival will have family-friendly games which include: Burlap Races, Inflatable Bowling, Sponge Races, Fall Crafts, Bounce Houses, and Face- Painting among others. Project Church will also provide free hamburgers, hot dogs, cotton candy, popcorn, nachos, and snow cones. Music will be provided by DJ Shane Green @ 239-313-0168.

Respectfully,

Alfured Wiley and Tha Wiley/Lead Pastor and Executive Pastor of Project Church

Contact: Bryan and Brendaliz Fuller -Project Church Community Relations Tel. 239.321.3775, Email: BrendalizF@TheKleanSpot.com



# Loving Lehigh Fall Festival Site Map

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# Veterans Community Park and Recreation Center

55 Homestead Rose South Lenigh Acres Ft (1996) Passe 209-355 (F2)



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Let's celebrate the start of the fall season with music, free food, crafts, and so much more!

HOSTED BY: PROJECT CHURCH 228 PLAZA DR. UNIT B LEHIGH ACRES, FL 33936

# NOVEMBER 2ND 10AM-2PM

VETERANS PARK 65 HOMESTEAD RDS FREE ENTR

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HOSTED BY: PROJECT CHURCH ZZ8 PLAZA DR UNIT B LEHIGH ACRES, FL 339

# FLORIDA

## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

85-8018781528C-9 05/17/2022 05/31/2027 RELIGIOUS GOV/ADMIN

Certificate Number Effective Date Expiration Date Exemption Category

This certifies that

PROJECT CHURCH INC 303 PENN RD W LEHIGH ACRES FL 33936-6252

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

DR-14 R. 01/18

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
   See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



PROJECT CHURCH INC C/O ALFRED WILEY JR 2519 PARK ROAD LEHIGH ACRES, FL 33971

06/09/2022 Employer ID number: 83-3756692 Person to contact: Name: Ms. Maloney ID number: 31210 Telephone: 877-829-5500 Accounting period ending: December 31 Public charity status: 170(b)(1)(A)(i) Form 990 / 990-EZ / 990-N required: No Effective date of exemption: October 15, 2021 Contribution deductibility: Yes Addendum applies: No DLN-26053691004991

Date:

#### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations

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Rulings and Agreements

Letter 947 (Rev. 2-2020) Catalog Number 35152P