



# EVENT PERMIT

Ordinance 17-08



## La Isla Esta Sonando

**PERMIT NUMBER:** TMP2025-00245

**Date(s) of Event:** September 5, 2025 through September 7, 2025

Property Owner: LEE COUNTY

Applicant: Yotuhel Montane  
2396000309

Description: Spanish Concert ticketed event on September 6, 2025 Doors open at 4:00PM; Show Starts at 5:00PM  
Set up on September 5, 2025 and Clean up September 7, 2025

Location of event: 11831 BAYSHORE RD, NORTH FORT MYERS, FL 33917

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

8/26/2025  
Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

*La Isla Este Sonendo*

*TMP2025-00245*



Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☒ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☒ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	LA isla Esta sonando
Date(s) of Event / Production:	sep. 05, 06, 07
Location(s) of Event:	Lee civic Center
Name of Applicant:	Yotuel Montane/Havana Latin Producciones
Applicant Address:	3235 NW 17 Ln Cape Coral FL 33923
Applicant Phone Number:	239 600 0309
Contact Person: (if different from applicant)	Juan Carlos Castro 172 251012
Contact Phone Number: (if different from applicant)	689-2611012
Email Address:	YOTUEL@YAHOO.COM - JCARLOS@FISHBONE@GMAIL.COM
Estimated Attendance:	4500
Event Description: Include each activity, when activities take place, etc.	LA isla Esta sonando Spanish Concert Doors open at 4:00pm Show starts at 5:00pm Ticketed event
Hours of Operation:	Sept 05 6:00 AM - Sept 07 6:00 PM
STRAP # of Parcel:	
Owner of Premises*:	Lee County strap/Parcel 244.325 000 000 7000

\*Notarized statement from the property owner specifically consenting to the proposed use required.



# Lee County Event Permit Application



What is the Zoning Classification of the premises? Community Facilities  
 Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: STAGE & Platform  
 Do you have the appropriate permits for the temporary structures? ☒ Yes ☐ No 20x30

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Scimic Insurance Adviser-LLOYD of London  
 Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

Will Vehicles be Used as Part of This Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, automobile coverage must be included on the certificate of insurance.	Will Food be Available at this Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, products liability coverage must be included on the certificate of insurance.	Will Alcoholic Beverages be served/consumed at this Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, liquor liability coverage must be included on the certificate of insurance.
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Name & Address of Organization Providing Food: \_\_\_\_\_

Type of Food being Served: \_\_\_\_\_

## Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: N/A

## Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? Yes ☒ No ☐

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: \_\_\_\_\_

(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details



# Lee County Event Permit Application



Type of Production (choose all that apply):

☐ TV Movie or Special    ☐ TV Series / Pilot    ☐ TV Commercial    ☐ Still Photos  
☐ Public Service Announcement    ☐ Industrial / Documentary    ☐ Other: CONCERT

Will any of the following be needed or included\*?

Street Closure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\* For any marked Yes, provide further details below:

Special Parking Requirements:

Total Parking Lot Capacity

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number In Cast: \_\_\_\_\_ Number In Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_  
 Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_  
 Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights



#### **SECTION I - SAFETY**

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

#### **SECTION II - INSURANCE**

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

#### **SECTION III - INDEMNIFICATION**

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

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

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

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

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



## Lee County Event Permit Application



### 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.

A handwritten signature in blue ink, appearing to read 'Yotuhel Montane', is written over a horizontal line.

Signature of Applicant

Yotuhel Montane

Print Name of Applicant and Title

17 ago 2025

Date

A handwritten signature in blue ink, appearing to read 'Alejandro Rodriguez', is written over a horizontal line.

Witness

Alejandro Rodriguez

Print Name of Witness

17 ago 2025

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1199

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
☒ 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.

Parking:

Parking for event will be on site in authorized areas & right-of-way must not be impeded.

Deputies (How Many?):

1 Supervisor, 9 deputies for security & presence as well as 2 deputies for traffic control at entrance.

Fee for Services:

Vendor will need to contact LCSO Details Unit to arrange and pay for extra duty detail deputies.

Special Arrangements:

This approval is contingent upon event coordinator following through with the stipulation of hiring and scheduling LCSO extra duty detail deputies prior to the event. Deputies will remain on site as long as the event is open and there are participants at the event. Deputies will be scheduled to arrive prior to the opening and will stay until the venue is cleared. LCSO will work in conjunction with the Florida licensed, unarmed security company as they have been contracted. Any changes to that contract will result in more LCSO deputies being required. Deputies will not be responsible to checking id's or conducting bag checks. All amplified sounds must adhere to the Lee County Noise Ordinance. Event will only use the main entrance for ingress & egress.

Print Name:

SCOTT GRIFFITH

Signature:

*[Handwritten Signature]*

Title:

CAPTAIN

Date:

8/11/25



Lee County Event Permit Application



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 EVENT PERMIT

☒ 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?)

2 EMT/FF must be on site during the event hours at \$50 per hour per EMT

Fee for Services:

As Above

Flammable Vegetation:

Not permitted

First Aid Equipment:

on-site

Fire Extinguishing:

on-site

Special Arrangements:

Event will be required to have 2 EMT/FF on duty during open hours for a fee of \$50 per EMT per hour.

Print Name: William Underwood

Signature:

Title:

Fire Chief

Date:

05/14/2025

DPS or LCEMS File Reference:

Spanish Concert - La Isla Esta Sonado - Lee Civic Center - NFM - 09-08-25

Lee County Event Permit Application



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 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.

Treatment Facilities:

None necessary.

Medical Personnel:

We will require your team to have one ambulance with two personnel at the event for emergency medical coverage during the hours of the dance/concert. Bayshore Fire District will require further

Medical Supplies /  
Equipment:

None necessary.

Safety Requirements:

Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety.

Fee for Services

Ambulance fees are set by the Lee County Board of County Commissioners. The fee will be invoiced after the event for the actual hours worked, plus an additional hour for setup and takedown. (Ambulance w/staff = \$100.00/hour + 1 hour (setup/takedown)) Estimate: 4:00-12:00 Midnight (8 hours + 1 hour for setup/takedown = \$900 bill after the event)

Special Arrangements:

Emergency medical coverage has been arranged with LCEMS. Conditional approval of the permit requires that emergency medical coverage is maintained throughout the concert. Please communicate any changes or questions through email (EMSDetail@leegov.com) or on the day of the concert @ 239-533-3635.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
Date: 2025.07.26 14:38:20 -0400

Title:

Captain, EMS Operations

Date:

July 26, 2025



Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
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☒ 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.

Parking:

No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress:

Please use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control as needed.  
Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman

Digitally signed by Nathaniel C. Thoman  
Date: 2025.05.20 07:48:35 -0400

Title: Project Manager

Date: 05/20/2025

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION  
3410 PALM BEACH BOULEVARD  
FORT MYERS, FLORIDA 33916  
(239) 533-7275

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
☒ 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.

Illumination:	The event organizer is responsible for providing additional safety and security lighting, as needed.
Parking Areas:	All vehicles must park in the designated areas accessible through the main entrance on Bayshore Road. The event organizer is responsible for ensuring that no vehicles block driveways or roadways, maintaining clear access for emergency vehicles. Vendors must park in the area specified on the event map.
Special Arrangements:	The event organizer is responsible for providing adequate staff or volunteers throughout the event to manage litter control and ensure debris is removed during and after the event. Coordination with on-site staff is required to establish designated trash and debris collection areas. All alcohol must be served by properly licensed and permitted vendors and must remain within the Lee Civic Center/Expo Hall. Trained personnel must monitor alcohol service areas to prevent underage drinking and overconsumption. The use of glass bottles is strictly prohibited. The sale and consumption of alcoholic beverages must end no later than 1½ hours before the event concludes. Additionally, the event organizer must comply with all terms stated in the signed agreement and adhere to Lee County Ordinances No. 93-15 (noise), 18-12 and 18-27 (as amended). Pursuant to Lee County Ordinance No.

25-14, smoking and vaping is not permitted at any school property or within the boundaries of any public park facility or public beach.

Print Name: Trever Snearley

Signature: 

Title: Countywide Service Manager

Date: July 24, 2025

CIVIC CENTER - LA ISLA ESTA SONANDO  
(9/5, 9/6, 9/7)



## Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR  
2115 SECOND STREET  
FORT MYERS, FLORIDA 33901  
(239) 533-2221

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
- ☒ 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.

Insurance Requirements:

Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

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 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.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

August 8, 2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/06/2025

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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (855) 222-5919	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> support@nextinsurance.com		
<b>INSURED</b> HAVANA LATIN PRODUCCIONES LLC 3235 NW 17th Ln Cape Coral, FL 33993	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Next Insurance US Company		16285
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
		<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 625338909

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	NXTDPXQKH7-00-GL	07/30/2025	07/30/2026	EACH OCCURRENCE \$1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000.00						
	MED EXP (Any one person) \$15,000.00						
	PERSONAL & ADV INJURY \$1,000,000.00						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$2,000,000.00
							PRODUCTS - COMP/OP AGG \$2,000,000.00
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X		NXTDPXQKH7-00-GL	07/30/2025	07/30/2026	EACH OCCURRENCE \$ 1,000,000.00
	AGGREGATE \$ 1,000,000.00						
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
A	Professional Liability			NXTDPXQKH7-00-GL	07/30/2025	07/30/2026	Each Occurrence: \$1,000,000.00 Aggregate: \$2,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Lee County, a political subdivision and charter county of the State of Florida. A Waiver of Subrogation applies in favor of this Certificate Holder on the following policies: General Liability. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

OK 08.08.2025

## CERTIFICATE HOLDER

Lee County, a political subdivision and charter county of the State of Florida  
PO Box 398  
Fort Myers, FL 33902

## LIVE CERTIFICATE



[Click or scan to view](#)

## 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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/07/2025

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>PRODUCER</b> Veracity Insurance Solutions, LLC. 260 South 2500 West, Suite 303 Pleasant Grove UT 84062	<b>CONTACT NAME:</b> FLIP Program Support <b>PHONE (A/C, No, Ext):</b> (844)-520-6992 <b>E-MAIL ADDRESS:</b> info@flipprogram.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Great American Alliance Insurance Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 26832
<b>INSURED</b> The old Boy Farm LLC, DBA Al Son del Karbon 3401 Sand Rd Cape Coral FL 33993		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	PLF194992-F319961	07/21/2025	07/21/2026	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
		MED EXP (Any one person) \$ 5,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000	
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS HIRED AUTOS					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$					ANIMAL BAILEE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						WC STATU-TORY LIMITS OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)

OK 08.08.2025

<b>CERTIFICATE HOLDER</b> LEE COUNTY a political subdivision and charter county of the state of FLORIDA P.O BOX 398 FORT MYERS, FL 33902	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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ACORD 25 (2014/01)  
INS025 (201401)

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**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

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
2. 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/07/2025

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 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).

<b>PRODUCER</b> Veracity Insurance Solutions, LLC. 260 South 2500 West, Suite 303 Pleasant Grove UT 84062	<b>CONTACT NAME:</b> FLIP Program Support <b>PHONE (A/C, No, Ext):</b> (844)-520-6992 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> info@flipprogram.com
<b>INSURED</b> The old Boy Farm LLC, DBA Al Son del Karbon 3401 Sand Rd Cape Coral FL 33993	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Certain Underwriters at Lloyds <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION 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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ ANIMAL BAILEE \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>LIQUOR LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	DT810225-LLE322108	09/05/2025	09/07/2025	\$1,000,000 Occurrence / \$2,000,000 Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Owner of Premises (FLL2021)

OK 08.08.2025

**CERTIFICATE HOLDER**

**CANCELLATION**

LEE COUNTY a political subdivision and charter county of the state of FLORIDA P.O BOX 398 FORT MYERS, FL 33902	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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INS025 (201401)

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# ADDITIONAL INSURED - OWNER OF PREMISES

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE FORM

## ADDITIONAL INSUREDS - OWNER OF PREMISES

**SECTION II - Who is an Insured;** Item 2., is amended to add the following:

Any individual(s), partnership(s), limited liability company(s), joint venture(s) or other organization(s) that owns the premises at/on which a Named Insured sells, serves or furnishes alcoholic beverages in the course of their business.

Coverage under this endorsement shall apply only to the liability of an **Additional Insured - Owner of Premises** that arises out of the selling, serving or furnishing of alcoholic beverages by a Named Insured in the course of their business. There shall be no coverage under this endorsement for liability arising directly or indirectly from the selling, serving or furnishing of alcoholic beverages by an **Additional Insured - Owner of Premises** or any person or organization acting for or on behalf of an **Additional Insured - Owner of Premises**.

Coverage under this endorsement does not apply to:

(1) "Bodily injury":

- a. To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co- "employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business; or
- b. To the spouse, child, parent, brother or sister of that co-"employee" as a consequence of (1) a. above; or
- c. For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in (1) a. or b., above; or

(2) "Property damage" to property owned, occupied by, or rented or loaned to an owner of such premises.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.



Lee County Event Permit Application



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

Havana Latin Production  
Lee Civic Center Sept.  
5-7

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

Special Arrangements:

N/A

Other:

N/A

Print Name: Miriam Dotson

Signature: Miriam Dotson

Title: Communications Manager

Date: 5/16/25