

# **EVENT PERMIT**



Ordinance 17-08

### Rossi-Jones Wedding

**PERMIT NUMBER:** 

TMP2025-00255

Date(s) of Event:

June 6, 2026 from 3:00PM until 7:00PM

Property Owner:

LEE COUNTY

Applicant:

Kacie Luck

8478487877

Description:

Wedding Ceremony

Location of event:

131 - 135 1ST ST W, BOCA GRANDE, FL 33921

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

Rossi-Jones Wedding



#### **Event Application**

# Check the appropriate box(es) below:

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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	Rossì-Jones Wedding
Date(s) of Event / Production:	June 6, 2026
Location(s) of Event:	Banyan Street
Name of Applicant:	Hope Rossi
Applicant Address:	4603 W. Bay Court Ave., Tampa FL, 33611
Applicant Phone Number:	847-848-7877
Contact Person: (If different from applicant)	Kacie Luck
Contact Phone Number: (If different from applicant)	413-297-4777
Email Address:	kacie@nkproductions.net
Estimated Attendance:	300
Event Description: Include each activity, when activities take place, etc.	Wedding Ceremony
Hours of Operation:	3:00-7:00pm
STRAP # of Parcel:	14-43-20-01-00005.0010
Owner of Premises*:	Lee County

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



What is the Zoning Classification of the p	oremises? DOT Right of way	
Are any temporary structures to be insta	alled for the event? X Yes No	Type: Floral Arch
Do you have the appropriate permits for	the temporary structures?	Yes x No
* For a 'Special Event' and 'Use of Count identified, including all parking areas.	y Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
Yes 🔀 No	Yes X No	Yes X No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:		
Type of Food being Served:		
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event:		
and the contraction of the contr		
	TION OF ALCHOLIC BEVERAGES	PERMIT
Is alcohol being sold/consumed on Cou	unty Property?	Yes No
If Yes, then a "Lee County Alcohol Permit" is required	I. Only non-profit organizations can sell alcohol on Coun	ty Property.
Non-profit certificate/registration nun (Required if alcohol is to be <u>SOLD</u> at the event)	nber:	
Blance note: A permit from the State of Florida	Division of Alcoholic Beverages and Tobacco may	also be required: please call (239) 344-0885 fo

further details



pe of Pro	duction (choose all that apply):	mile serveles in ARC control on the control of	many v		
	1	, a man and a second of the se	TV Comme	rcial	Still Photos
Public S	Service Announcement   Indi	ustrial / Documentary	Other:		
ill any of	the following be needed or inclu	ded*?			
	Street Closure	The second secon	Yes	┌ No	
	Traffic / Crowd Control	中性人工 PR 电型分配 PROY-Cut-MEDIC MEDICAL ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION ASSESSMENT AND ACTION ACT	Yes	┌ No	
	Fire or Burning	ce awar Chick Americkan farih baricing oil e kilancia (1945). E a hand dan a dan an	Yes	□ No	
	Explosives or Pyrotechnics	States of the Franch state (1949-1954) of the Control of the Art (1940-1954) of the Art (19	Yes	┌ No	· Standards
	Animals, Large or Small		Yes	IT No	
	Construction of Any Kind		Yes	□ No	*
	Large and/or Numerous Vehi	cles	☐ Yes	☐ No	
	Helicopters, Boats, etc.		Yes	│ No	
	Stunts		Yes	☐ No	
	Other		☐ Yes	☐ No	
Special P	Parking Requirements:				
City or C	ounty Services Required: (Person	nel, equipment, facilities, et	c.}		
	wing information is required for l	ocal and state records on pr	oduction in F	lorida to tra	ck the economic impac
the indu	stry. If exact figures are not availa	ble, please estimate as close  Number in Crew:		e. ber of locals	hired:
the indu: Number i	stry. If exact figures are not availa		Numi		hìred:
the indus Number i	stry. If exact figures are not availa	Number in Crew:	Numi		hired:



#### **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 affi	rms that any and all information is accurate to the best of
his/her knowledge.	$\mathcal{L}$
Hope Rosa	X en V
ature of Applicant	Witness
Hope Rossi	Lexi Vennetti
Print Name of Applicant and Title	Print Name of Witness
7/25/25	7/28/25
Date	Date



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

Check the appropriate box(es) below:

• •	JNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for event will be in authorized areas only.
Deputies (How Many?):	Two deputies for road closure, traffic control and security on Banyan Street between Park Ave and Gilchrist while wedding takes place to restrict all vehicle access to the area. The cost of the extra duty detail deputies will be at the expense of the applicant.
Fee for Services:	Contact LCSO Details Unit.
Special Arrangements:	Each end of Banyan Street must be blocked in order to provide safety and security to participants. Once ceremony has concluded, all chairs, tables and other items used for the event must be removed from the roadway as soon as possible in order to reopen Banyan Street.
	Print Name: Dunins
	Signature:  Title:
	Title: <u>Commande</u> Date: <u>731</u> 25



#### 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.

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the appropriate box(es) below:

3 SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

T FILM PERM	IT	
AFTER REVIEWING THE A ORGANIZATION WILL REC	PPLICATION, PLEA	SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	3 Fireguards @	4 hours
Fee for Services:	\$60.00/hour per	Fireguard (x3) Total \$720. Payments due 30 days prior to event.
Flammable Vegetation:	0	
First Ald Equipment:	0	
Fire Extinguishing:	0	
Special Arrangements:	on Banyan St. in case of an emerg the ceremony and holder must have	or if guests and chairs, the Permit holder must hire fire guards to be present case of an emergency. In the event that access is needed on Banyan St., in ency. In the event that access is needed on Banyan St., Fireguards will stop d co-ordinate removal of guests / items / etc. placed on Banyan St. Permit a team available on site to facilitate the immediate removal of all items/guests. GFD vehicles while making access to the emergency will be the responsibility er. IN CASE OF EMERGENCY — DIAL 911
	Print Name:	C.W. Blosser
	Signature:	C. Slow
	Title:	Fire Chief
	Date:	7/29/2025



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

Check the appropria	te box(es) belov	w:
SPECIAL EV	ENT PERMIT	
₩ USE OF CO	UNTY PROPERTY P	PERMIT
•		ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
	· ·	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:		llow all CDC and FDOH directives, and the Florida Governor's Executive health and safety.
Fee for Services	Not applicable.	
Special Arrangements:	coverage (ambular following link: EMS	the event of an emergency. To arrange special event emergency medical nce, cart, etc) or EMS participation, please fill out and submit the form at the Special Detail Request Form tact our office at EMSDetail@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.08.19 15:44:14 -04'00'
	Title:	Captain, EMS Operations
	Date:	August 19, 2025



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

Check the appropri	ate box(es) be	low:
SPECIAL EN  ST USE OF CO  PERMIT TO  FILM PERM	OUNTY PROPERTY SELL AND CONS	Y PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Park in designate No event parking No vehicles shall	ed areas. I permitted on any portion of the Banyan St. road right of way. I be parked off the pavement that would damage the Banyan Tree root system.
Ingress and Egress:	Please use all es	stablished means of ingress and egress.
Special Arrangements:		ounty Sheriff's Office for assistance with traffic control as needed. cle access and public vehicular access shall be maintained on all surrounding stained roads.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.07.30 08:25:36 -04'00'
	Title:	Project Manager
	Date:	07/30/2025



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

Check the appropri	ate box(es) below:
USE OF CO	'ENT PERMIT  UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  IIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	Additional lighting must be provide by the permit holder, generators are permitted on Banyan Street.
Parking Areas:	Parking is permitted at the Boca Grand Community Center. All vehicles must use designated parking area.  Event Parking must be adhered to in accordance with Lee County Ordinance No. 25-16, enforced by Lee County Sheriff's Office. A copy of this ordinance has been e-mailed to the applicant.
Special Arrangements:	All event guest must stay on county property at all times while on Banyan Street. Permit holder will not hang or drape anything on the trees or vegetation. Permit holder must adhere to all rules on the USE of County Lands for Weddings on Banyan Street. Permit holder must work with site supervisor for site specific event needs.  Permit holder must comply with all terms at stated 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: County Wide Services Manager  Date: 9/10/2025

BOCA BANYAN STREET ONLY - ROSSI / JONES
(6/6/2026)
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 appropriate	e box(es) bel	ow:
SPECIAL EVEN	NT PERMIT	
₩ USE OF COUN	NTY PROPERTY	PERMIT
PERMIT TO SE	ELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
nsurance Requirements:	per occurrence	neral liability insurance with minimum limits of One Million Dollars (\$1,000,000) to protect against bodily injury and/or property damage relative to applicants nationed event within Lee County.
	Certificate Must	Read As:
	employees, and waiver of subro	political subdivision and Charter County of the State of Florida, its agents, I public officials are automatic additional insureds and includes an automatic gation with regard to general liability. The certificate holder is an additional mary and noncontributory basis with regards to general liability.
Special Arrangements:	County, a politic	Insurance shall be submitted as evidence of the required coverage listing Lee cal subdivision and Charter County of the State of Florida, P.O. Box 398, Fort 2 as the certificate holder and as an additional insured as listed above.
	Subject to proof	f of insurance.
	Print Name:	Mike Figueroa
	Signature:	Mike from-
	Title:	Risk Program Manager
	Date:	August 19, 2025



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2025

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

DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Br Producer  DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Br All Riverside Drive  Toluca Lake, CA 91602  Toluca Lake, CA 91602  INSURER S.
DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brr 10148 Riverside Drive Toluca Lake, CA 91602    National Lake, CA 91602   National Lake, Ca 91602   National Lake, CA 91602   National Lake
Toluca Lake, CA 91602    ADDRESS   INSURER S   AFFORDING COVERAGE   NAIC # INSURER S   AFFORDING COVERAGE   NAIC # INSURER S   AFFORDING COVERAGE   NAIC # INSURER S   INSURE
Toluca Lake, CA 91602    Insurer a : Fireman's Fund Insurance Company   21873     Insurer b :   Insurer c : Fireman's Fund Insurance Company   21873     Insurer c : Insurer c : Insurer c :   Insurer c : Insurer
INSURER B :
Robert Rossi  4932 West Bay Way Place Tampa , FL 33629  INSURER C: INSURER E: INSURER E: INSURER D: INSURER DOLLY INSURER
Robert Rossi  4932 West Bay Way Place  Tampa , FL 33629    INSURER D :
Tampa , FL 33629    INSURER E :   INSURER E
Tampa , FL 33629    INSURER E :   INSURER E
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.    NORTH
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AND ENFECT ENGLISHED TO THE PROPERTY OF THE PR
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$
PECONII MONOL OLEMININO SOM
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured: Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public
officials are automatic additional insureds. The certificate holder is an additional insured with regards to general liability.
OK 08.19.2025
01(00.13.2020
Mike, Lein
CERTIFICATE HOLDER CANCELLATION
Lee County, a political subdivision and Charter County of the State of SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
P.O. Box 398 ACCORDANCE WITH THE POLICY PROVISIONS.
T 136 PT 22002
Fort Myers, FL 33902





# PRIVATE EVENT CANCELLATION INSURANCE Personal Liability Coverage Additional Insured Endorsement

Policy Number: OLP100004

You, the **Honoree** and we agree that **SECTION II PRIVATE EVENT CANCELLATION INSURANCE PERSONAL LIABILITY COVERAGE** is amended to include as an insured, the person or organization shown below as an additional insured, but only to the extent that liability results from the sole negligence of the **Named Insured**.

#### **ADDITIONAL INSURED(S)**

01. Additional Insured

Name:

Lee County, a political subdivision and Charter County of the State of Florida

Street Address:

P.O. Box 398

City:

Fort Myers

State: Zip Code: FL 33902

Effective Date(s)

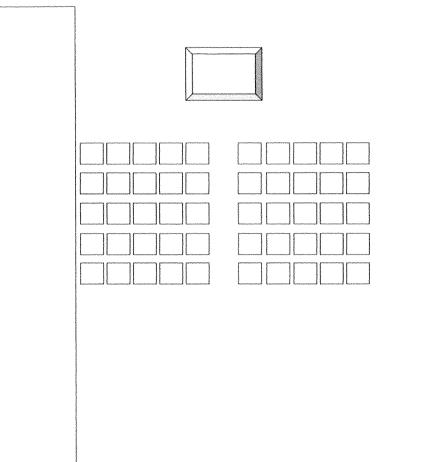
6/5/2026 to 6/8/2026

All other terms and conditions of the policy remain unchanged. This endorsement does not provide the Additional Insured(s) with any coverage under **SECTION I - PRIVATE EVENT CANCELLATION INSURANCE PROPERTY COVERAGE**.

Joseph Guerrero

**Authorized Signature** 

# Gilchrist Ave.



Banyan Street

CHAIRS =

Park Ave.