

EVENT PERMIT



Ordinance 17-08

Welcome Home Worship Celebration

PERMIT NUMBER:

TMP2025-00281

Date(s) of Event:

November 9, 2025

Property Owner:

LEE COUNTY

Applicant:

RILEY GRANDELL, PASTOR

2398393351

Description:

Worship Celebration on November 9, 2025 from 3:00PM until 7:00PM with worship

band, fellowship and already prepared food

Location of event:

9150 - 9298 CORKSCREW PALMS BLVD, ESTERO, FL 33928

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

Will a bond be posted for this event?

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

No

Lee County, Florida

County Manager

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Welcome Home Worship Celebration

TMP9005-00281



Event Application

Check the appropriate box(es) below:

* SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INFO	DRMATION (All Permit Types) REPEAT OF LAST YEAR		
Title of Event / Name of Production	WELCOME HOME WORSHIP CELEBRATION		
Date(s) of Event / Production:	11/9/25		
Location(s) of Event:	ESTERO PARK		
Name of Applicant:	GULF SHORE LIFE CENTER	and the second second second second second	
Applicant Address:	25300 BERNOUSED OR POBOX 500 BONVTA SPRINGS, FL 34135 BONTA SPRI	7 NGS 34173	
Applicant Phone Number:	239-495-0712		
Contact Person: If different from applicant)	PASTOR RILEY GRANDELL		
Contact Phone Number: (If different from applicant)	239-839-3351		
Email Address:	REGARNDELL @ THE GULF SHORE CHURCH, COM		
Estimated Attendance:	400-500		
Event Description: Include each activity, when activities take place, etc.	LUCRSHIP BAND FELLOWSHIP ALREADY PREPARED FOOD		
lours of Operation:	3PM - 7PM	the state of the s	
TRAP # of Parcel:	344625E 4 01 000 017A		
Owner of Premises*:			

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



What is the Zoning C	Classification of the pr	emises?			
Are any temporary st	tructures to be install	ed for the event?	「▼Yes	Type: POP UF	10
Do you have the appr	ropriate permits for t	he temporary struc			No
* For a 'Special Event identified, including a	d' and 'Use of County I all parking areas.	Property' permit, s	ubmit a site plan wit	h all proposed facil	ities and activities
Insurance Company I	Insuring the Event:				
Note: Certificate of Insura	ance must be submitted at	time of application			
Surety Company Bon	ding this Event (Name	e and Address):			
Will Vehicles be Use Even		Will Food be Availa	ble at this Event?		Beverages be ed at this Event?
Yes	No No	Yes	┌ No	Yes	No
If yes, automobile coincluded on the certifi	overage must be icate of insurance.	If yes, products liabilit included on the certif	y coverage must be ficate of insurance.	If yes, liquor liabilit included on the cer	y coverage must be tificate of insurance.
Name & Address of C Providing Food:	Organization (JULF SHORE	LIFE CENT	ER	
Type of Food being So	erved: HAMB	urcers, lte	TOOGS, CHICK	IEN NUGGETS	ALRICADY FRE-PARED
Section II - USE (OF COUNTY PRO	PERTY PERMIT			
Organization Sponsor	ing the Event:	GULF	SHORE LIFE	E PENTER	
Section III - SALI	E/CONSUMPTIO	N OF ALCHOLIC	C BEVERAGES PI	ERMIT	
Is alcohol being sold/o				Yes	No
If Yes, then a "Lee County Alco	ohol Permit" is required. Only	non-profit organizations	can sell alcohol on County F	Property.	INO 3
Non-profit certificate/ (Required if alcohol is to be <u>sc</u>	/registration number: DLD at the event)	:			
Please note: A permit from further details	n the State of Florida Divisi	on of Alcoholic Bevera	ges and Tobacco may als	so be required; please ca	all (239) 344-0885 for



Type of Production (choose all that apply):				
TV Movie or Special TV Series / Pilot	TVC	ommercial	Still Photos	
Public Service Announcement Industrial / Docum	entary \ \ Othe	er:	*****	
Will any of the following be needed or included*?				
Street Closure	Г	Yes _	No	
Traffic / Crowd Control		Yes 🗀	No	
Fire or Burning	Ė		No	
Explosives or Pyrotechnics		Yes 🗀	No	
Animals, Large or Small	П		No	
Construction of Any Kind	-	Yes 🗀	No	
Large and/or Numerous Vehicles		Yes T	No	
Helicopters, Boats, etc.		Yes _	No	
Stunts		Yes	No	
Other		Yes 🗀	No	
* For any marked Yes, provide further details below:				
Special Parking Requirements:				
City or County Services Required: (Personnel, equipment	, facilities, etc.)			
The following information is required for local and state the industry. If exact figures are not available, please esti	ecords on production	on in Florida ossible.	to track the econom	nic impact of
Number in Cast: Number in C	ew:	Number of l	ocals hired:	
Total budget: Estimate amo	ount spent in Lee Cour	nty:	Market and the second s	



SECTION I - SAFETY

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

SECTION II - INSURANCE

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

SECTION III - INDEMNIFICATION

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

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

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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



SECTION V - AGREEMENT

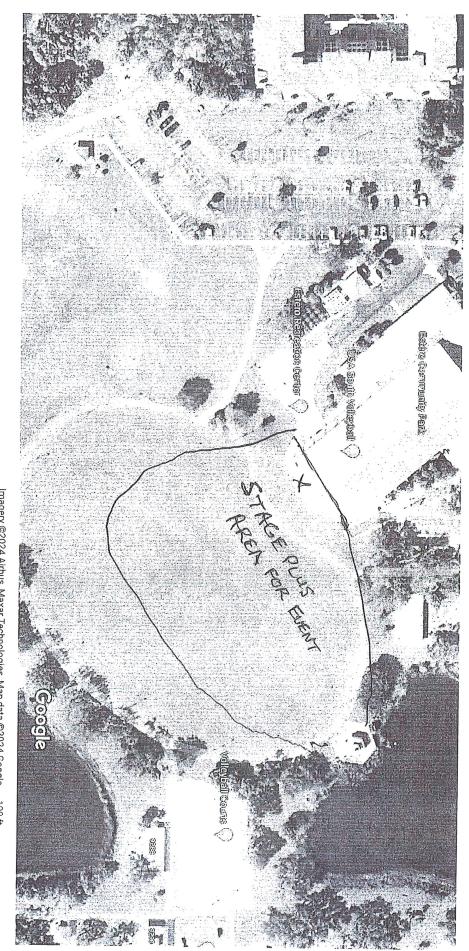
The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee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

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

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

Signature of Application	A)
Signature of Applicant	Witness
RILEY GRANDELL SR. PASTOR	JONATHON R. WILLS
Print Name of Applicant and Title	Print Name of Witness
9/16/25	9/16/2015
Date	Date

Estero Park Commons Blvd



Imagery ©2024 Airbus, Maxar Technologies, Map data ©2024 Google 100 ft



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

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES IT
AFTER REVIEWING THE	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 & right-of-way must not be impeded.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	All amplified sound must adhere to the Lee County noise ordinance.
	Print Name: Signature: Title: Commandes Date: 9 0 75



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.

riate box(es) below:
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OUNTY PROPERTY PERMIT
MIT
APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
N/A
N/A
N/A
[0.1] 0.11 6 7
Call 911 for Emergencies
Call 911 for Emergencies
Welcome Home Worship Celebration 11/9/2025
Print Name: Scott Danielson
Signature:
Title: Lt. Fire Prevention
Date: 9/3/25



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

спеск тпе арргорги	ate box(es) belo	W:
SPECIAL E	/ENT PERMIT	
USE OF CO	UNTY PROPERTY F	PERMIT
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	/IIT	
AFTER REVIEWING THE A ORGANIZATION WILL RE	APPLICATION, PLE EQUIRE THE APPLIC	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	Applicants shall fo Orders concerning	llow all CDC and FDOH directives, and the Florida Governor's Executive plealth 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 Sepecial 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: 2025.09.15 13:04:36 -04'00'
	Title:	Captain, EMS Operations
	Date:	September 15, 2025



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

Check the appropri	ate box(es) be	low:
SPECIAL E	ENT PERMIT	•
⋉ USE OF CO	UNTY PROPERTY	PERMIT
		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	/IIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking i	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estal	plished means of ingress and egress.
Special Arrangements:	Shall use Lee Cour	nty Sheriff's Office for assistance with traffic control as needed.
	Emergency vehicle County maintained	access and public vehicular access shall be maintained on all surrounding Lee
	County maintained	in Caus.
	L 10 - 1.3 - XIII - III	•
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.09.03 08:32:26 -04'00'
	Title:	Project Manager
	Date:	09/03/2025



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

Check the appropri	ate box(es) below:
SPECIAL EV	ENT PERMIT
∪SE OF CO	UNTY PROPERTY PERMIT
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
j – FILM PERM	IIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	Event organizer will need to provide additional lighting if needed.
Parking Areas:	All vehicles must use the designated parking areas within the parking lots of the park. No vehicles will be permitted onto the central lawn area. Organizers may drop off event supplies via the service road between the Rec Center and the Chiller area, but then must remove vehicles. For authorization to use overflow parking at the commerce area off Corkscrew, contact Keith at Collier Association Management 239-793-1643.
Special Arrangements:	No staking of tents or any inflatable devices; must use water buckets/barrels or sand bags. Dumpster and port-a-potties may be required by the facility. See supervisor for direction. Banners or signs are not permitted beyond Park boundaries. Park gates open at 6 am, Outdoor Restrooms open 7 am - 9 pm, and the Rec Center open Sat 9 am - 5 pm Rec Center at 239-533-1470
	Must follow all Lee County and Parks & Recreation Ordinances (25-14, 93-15) and (18-12, 18-27). Also, 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 Services Manager

ESTERO - WELCOME HOME WORSHIP CELEBRATION
(11/9/2025)
Page 110

9/17/2025

Date:



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

		(239) 333-2221
Check the appropria	te box(es) be	low:
SPECIAL EVE	NT PERMIT	
IX USE OF COU		PERMIT
· years)		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI		
AFTER REVIEWING THE AWILL REQUIRE THE APPLICATION	APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
	Certificate Must	Read As:
	and public officions with regard to g	olitical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogation eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability.
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required coverage listing Lee County, a ion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above.
	Subject to proof	of insurance.
	Print Name:	Mike Figueroa
	Signature:	Jan San San San San San San San San San S
	Title:	Risk Program Manager

September 15, 2025

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/9/2025

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). **PRODUCER** CONTACT NAME THE HORTON GROUP, INC. PHONE (A/C No, Ext): FAX (A/C No): 10320 Orland Parkway **EMAIL ADDRESS:** Orland Park, IL 60467 INSURER(S) AFFORDING COVERAGE NAIC# INSURED INSURER A: United States Liability Insurance Company 25895 **GULFSHORE LIFE CENTER INSUREB B:** 25756 OLD GASLIGHT DR INSURER C: **BONITA SPRINGS, FL 34135** INSURER D: INSURER E INSURER F: 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 POLICY EFF POLICY EXP INSR WVD TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS EACH OCCURENCE \$1,000,000 GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) X X SE 1167769 11/09/2025 11/11/2025 \$100,000 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person) \$1,000 A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS-COMP/OP AGG See L-535 X PRO-POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALLOWNED SCHEDULED BODILY INJURY (Per accident NON-OWNED HIRED AUTOS PROPERTY DAMAGE (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS 앭 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE-EA EMPLOYEE f ves, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits) Lee County, a political subdivision and Charter County of the State of FL is an additional insured per CG 20 11 04 13L-820 12/18 Special Events Blanket Additional Insured Endorsement is part of this policy. CERTIFICATE HOLDER CANCELLATION Lee County, a political subdivision and Charter County of the State of Florida SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE PO BOX 398 EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE OK 09.15.2025 Fort Myers, FL 33902 POLICY PROVISIONS. MARL MAN **AUTHORIZED REPRESENTATIVE**

ACORD 25 (2010/05)

LOC#: All

ADDITIONAL REMARKS SCHEDULE

	a grantant de de	10 OCHLDOLE	Page 1 of 1
AGENCY THE HORTON GROUP, INC.		INSURED GULFSHORE LIFE CENTER	
POLICY NUMBER SE 1167769	•	25756 OLD GASLIGHT DR BONITA SPRINGS, FL 34135	
CARRIER United States Liability Insurance Company	NAIC CODE 25895	EFFECTIVE DATE: 11/9/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER:

ACORD 25

FORM TITLE:

CERTIFICATE OF LIABILITY INSURANCE

	OF EINDILIT INSONAIVE
COVERAGE PART Commercial Liability	LIMITS
•	
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person) Damages To Premises Rented To You (Any One Premises)	\$1,000
Products/Completed Operations Aggregate Limit	\$100,000
General Aggregate Limit	See L-535
	\$2,000,000