

EVENT PERMIT



Ordinance 17-08

La Mesa RV Show & Sale at jetBlue Park

PERMIT NUMBER:

TMP2025-00313

Date(s) of Event:

October 16, 2025 through October 19, 2025 from 9:00am

until 6:00pm

Property Owner:

NESV FLORIDA REAL ESTATE LLC

Applicant:

REYNA REYES

858-874-8095

Description:

RV show and sales taking place at jetBlue Park.

Location of event:

11501 FENWAY SOUTH DR, FORT MYERS, FL 33913

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

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

- 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	RV Show and Sale
Date(s) of Event / Production:	October 16th-19th, 2025.
Location(s) of Event:	JetBlue Park - 11500 Fenway South Dr. Ft. Myers, Fl. 33913
Name of Applicant:	La Mesa RV Inc. (Florida)
Applicant Address:	7525 W. McDowell Rd. Phoenix, AZ 85035
Applicant Phone Number:	(858) 874-8095
Contact Person: (If different from applicant)	Reyna Reyes
Contact Phone Number: (If different from applicant)	(480) 615-5197
Email Address:	rreyes@lamesarv.com
Estimated Attendance:	500 People throughout the day not @ the same time
Event Description: Include each activity, when activities take place, etc.	RV Show and Sales
Hours of Operation:	9am - 6pm Daily
STRAP # of Parcel:	24-45-25-02-00004.0000 24-45-25-02-00005.0000
Owner of Premises*:	NE SV Florida Real Estate LLC

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



What is the Zoning Classification of the premises? Mixed use planned development							
Are any temporary structures to be installed for the event? Yes No Type: Canopy 1-20x20							
Do you have the appropriate permits for the temporary structures?							
* 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 Eve	nt: Federated Insurance						
Note: Certificate of Insurance must be submi	tted at time of application						
Surety Company Bonding this Event	Name and Address):						
Will Vehicles be Used as Part of This Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?							
▼ Yes	厂 Yes	┌ Yes					
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: Name & Address of Organization							
Type of Food being Served: N/A							
Section II - USE OF COUNTY PROPERTY PERMIT							
Organization Sponsoring the Event: La Mesa RV							
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT							
Is alcohol being sold/consumed on C	ounty Property?	Yes × No					
If Yes, then a "Lee County Alcohol Permit" is require	ed. Only non-profit organizations can sell alcohol on Coun	nty Property.					
Non-profit certificate/registration no (Required if alcohol is to be <u>SOLD</u> at the event)	umber: 						
	1 51 1 1 1 5 5 1 5 1 5 1 5 1 5 1 5 1 5	also be required; please call (230) 344-0885 for					

further details



ype of Production (choose all tha	t app	oly):						
TV Movie or Spe	cial	Γ	TV Series / Pilot	厂	TV Comme	rcial	Γ	Still Photos	
Public Service A	nouncement	Γ	Industrial / Documentary	Γ	Other:				
Will any of the follow	ving be neede	d or	included*?						
Street	: Closure				┌ Yes	Γ	No		
Traffi	c / Crowd Con	trol			┌─ Yes		No		
Fire o	r Burning				┌ Yes		No		
Explo	sives or Pyrote	chni	cs		├ Yes	Γ	No		
Anima	als, Large or Sr	nall			┌ Yes	Γ	No		
Const	ruction of Any	Kind	d		Yes		No		
Large	and/or Nume	rous	Vehicles		☐ Yes	_	No		
Helico	pters, Boats,	etc.			☐ Yes	Γ	No		
Stunt	3				☐ Yes	Γ	No		
Other					☐ Yes		No		
Special Parking Re	auirements:								
		d: (Pe	ersonnel, equipment, facilit	ties, et	c.)				
The following info	rmation is req	uired	d for local and state records	s on pr	oduction in F		to tr	ack the econor	mic impact
tne industry. It exa	ict figures are	not a	available, please estimate a	is clos	ery as possibi	e.			
Number in Cast:			Number in Crew:		Num	ber of	locals	s hired:	
Total budget:			Estimate amount sp	ent in I	Lee County: _				
Hotel room nights:			Number of shooting	days:					
	number of rooms x	numbe	er 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.



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 Applicant	Rtuna Rtucs Witness
State Live Print Name of Applicant and Title	Rtuna-Rtues Print Name of Witness
9/23/25 Date	9/23 2025 Date



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

Check the appropri	rte box(es) below:
┌─ SPECIAL EV	ENT PERMIT
□ USE OF CO	JNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for the 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:	According to the vendor, alcohol will not be sold or consumed during the event. Traffic for the event should not impede the regular flow of traffic.
	Print Name: PCommins
	Signature:
	Title: <u>Commandes</u>
	Date: 9 18 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.

Check the appropriate box(es) below:

	ENT PERMIT			
□ USE OF CO	UNTY PROPERTY	PERMIT		
FILM PERM	1T			
AFTER REVIEWING THE WILL REQUIRE THE APPL			LOW WHAT ARRANGEMENTS EVENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	PAID			
Flammable Vegetation:	NO VEGETATION W	ITHIN 10' OF ANY COOL	(ING OR HOT SURFACE SUCH AS VEH	IICLE EXHAUST.
First Aid Equipment:	CALL 911 IF NEEDEC)		
Fire Extinguishing:	extinguishers nee	ED TO BE POSTED AND	ACCESSIBLE THROUGHOUT SHOW.	
Special Arrangements:	FIRE DEPARTMENT	ACCESS UNOBSTRUCTE	D AT ALL TIMES.	
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2025,10.02 15:28:58 -04'00'	
	Title:	Division Chief - Fire &	Life Safety	
	Date:	10/02/2025		



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

Check the appropriate box(es) below	low.	bel	(es)	boxi	priate	appro	the	Check
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SPECIAL EVENT PER	TIM	•

- □ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES **FILM PERMIT**

		ASE INDICATE BELOW WHAT ARRANGEMENTS YOU CANT TO COMPLY WITH FOR THEIR EVENT.	JR	
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			
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	Not applicable.			
Special Arrangements:	coverage (ambular following link: EMS	he event of an emergency. To arrange special event ence, cart, etc) or EMS participation, please fill out and su 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: 2025.09.25 07:54:38 -04'00'		
	Title:	Captain, EMS Operations		
	Date:	September 25, 2025		



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

Check the appropri	iate box(es) be	elow:
SPECIAL E	VENT PERMIT	
⋈ USE OF CO	OUNTY PROPERTY	Y PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ЛIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Dauldon		
Parking:	No event parking i	is permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all esta	ablished means of ingress and egress.
Special Arrangements:		nty Sheriff's Office for assistance with traffic control as needed. e access and public vehicular access shall be maintained on all surrounding Lee
	County maintained	
	Print Name:	Bruce E. Littleton
	Signature:	Bruce E Litttleton Digitally signed by Bruce E Litttleton Date: 2025.10.10 13:35:20 - 04'00'
	Title:	County Traffic Egnineer

Date:

10/10/25



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

	(239) 333-7273
Check the appropri	ate box(es) below:
SPECIAL EV	VENT PERMIT
•	UNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	All illuminations must follow county ordinance and FAA regulations. Event organizer must provide their own temporary lighting as needed for safety during event set up and breakdown.
Parking Areas:	Event organizer is responsible to direct patrons to the designated parking locations. Must work with onsite staff to ensure that vehicles do not block driveways and private roadways so emergency vehicles have clear access. Organizer must provide adequate staff/volunteers along with directional signage for the event.
Special Arrangements:	Event organizer is responsible to provide adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. Work with Red Sox staff and the on-site park staff to designate the debris/trash collection area during and after the event.
	Participants and spectators must disperse and leave the park area to seek safe shelter in their vehicles during lightning alerts and threatening weather. Event organizer must adhere to Lee County Ordinances: No. 93-15 (noise) and Parks & Recreation 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

JETBLOCE PARK - LA MESA RV SHOWS (10/16 - 10/17/25), (5/7-5/10/26), (10/15 - 10/18/26)

9/16/2025

Date:



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

Check the appropriat	te box(es) bel	low:	
SPECIAL EVE SUSE OF COU PERMIT TO S FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION
nsurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million otect against bodily injury and/or property damage relative event within Lee County.	
	Certificate Must I	Read As:	
	and public officia with regard to ge	litical subdivision and Charter County of the State of Florid als are automatic additional insureds and includes an autor eneral liability. The certificate holder is an additional insure basis with regards to general liability.	natic waiver of subrogation
A Certificate of Insurance shall be submitted as evidence of the required coverage listi political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Mye the certificate holder and as an additional insured as listed above.			
	Subject to proof	of insurance.	
	Certificate	valid for the October 2025 show only	
	Print Name:	Mike Figueroa	
	Signature:	This form	
	Title:	Risk Program Manager	
	Date:	September 12, 2025	



DATE (MM/DD/YYYY) 08/29/2025

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CLIENT CONTACT CENTER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060 PHONE (A/C, No, Ext): 888-333-4949 (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURERS AFFORDING COVERAGE NAIC# INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURED INSURER B: LA MESA RV CENTER INC 7525 W MCDOWELL RD PHOENIX, AZ 85035-4401 INSURER C INSURER D: INSURER E: INSURER F: **REVISION NUMBER: 0 CERTIFICATE NUMBER: 507** COVERAGES 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, ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) POLICY NUMBER LIMITS TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAMS-MADE X OCCUR \$100,000 MED EXP (Any one person) EXCLUDED N N 1895494 05/01/2025 05/01/2026 PERSONAL & ADV INJURY \$1,000,000 GENT AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 X POLICY Loc PRODUCTS & COMP/OP ACC \$2,000,000 PRO-COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per Person) ANY AUTO CWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per Accident) PROPERTY DAMAGE NON-CWNED WRED AUTCS ONLY EACH OCCURRENCE \$10,000,000 X UNGRELLALIAB XOCCUR AGOREGATE CLAIMS-MADE N N 1895431 05/01/2025 05/01/2026 \$30,000,000 EXCESSUAR DED RETENTION WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/ EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory In HH) OTHER PER STATUTE EL EACH ACCIDENT N/A EL DISEASE EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L DISEASE - POLICY LIMIT \$1,000,000 AUTO DEALER LIABILITY 1895424 05/01/2025 05/01/2026 AUTO LIAB - FA ACCIDENT SENERAL LIABILITY \$1,000,000 EACH ACCIDENT \$2,000,000 AGGREGATE DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SEE ATTACHED PAGE CANCELLATION CERTIFICATE HOLDER LEE COUNTY A POLITICAL SUBDIVISION AND CHARTER COUNTY OF THE STATE OF FLORIDA PO BOX 398 FORT MYERS, FL 33902-0398 507 0 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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Neilolae R. Zoever

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID:	
100#	

ADDITIONAL REMARKS SCHEDULE

te	1	of	1

AGENCY		NAMED INSURED	CENTER INC	
FEDERATED MUTUAL INSURANCE COMPANY		7525 W MCD	OWELL RD	
POLICY NUMBER		PHOENIX, AZ	2 85035-4401	
SEE CERTIFICATE # 507.0				
1	CODE	EFFECTIVE DATE	SEE CERTIFICATE # 507.0	
SEE CERTIFICATE # 507.0				
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,			
FORM NUMBER: 25 FORM TITLE:	CERTIFICATE C	YE LIABILITY I	NSURANCE	
OTHER COVERAGE(S) AUTO DEALER LIABILITY Y 9145655	05/01/2025 (05/01/2026	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$1,000,000 \$1,000,000 \$2,000,000
			" ASSRESATE	4 2,000,000
RV SHOW & SALE AT JETBLUE PARK, 11500 FEMMAY S OCTUBER 13-22, 2025	OUTH DR, FT I	iyers, fl		
LEE COUNTY, A POLITICAL SUBDIVISION AND CHARTE	R COUNTY OF 1	THE STATE O	F FLORIDA, ITS AGENTS, ENF	LOYEES, AND PUBLIC
OFFICIALS ARE AUTOMATIC ADDITIONAL INSUREDS. T NONCONTRIBUTORY BASIS WITH REGARDS TO AUTO DEA	IED I TARTI TT	,		
GENERAL LIABILITY AND COVERED AUTOS LIABILITY THE CERTIFICATE HOLDER IS A DESIGNATED INSURED DESIGNATED INSURED FOR COVERED AUTOS LIABILITY	IS PROVIDED (ANDER THE A	UTO DEALERS COVERAGE FORM.	
THE CERTIFICATE HOLDER IS A DESIGNATED INSURED DESIGNATED INSURED FOR COVERED AUTOS LIABILITY	COVERAGE.	WALC LIVEL	LITY SUBJECT TO THE COMDIT	TURS UP THE
INSURANCE PROVIDED BY THE AUTO DEALERS COVERAGE THE CONDITIONS OF THE PRIMARY AND NONCONTRIBUT	E FORM IS PRI	DHARY AND N	DNCONTRIBUTORY OVER OTHER	INSURANCE SUBJECT TO
THE COMMITTORS OF THE PRIMARY AND MORCONTRIBOT	OKT - OINEK 1	DISORANCE C	CADITOR	



Certificate of Flame Resistance

Registered Fabric or Concern Number F-92001





Date treated or manufactured:

June 2023

This is nonfic	This is to certify nonflammable.	fy that the materials described on the reverse side have e.	This is to certify that the materials described on the reverse side have been treated with a flame-retardant chemical or are inherently nonflammable.
<u>5</u>	Calo	Caloosa Tent Rental	ADDRESS: 10879 Metro Parkway
CITY:	Ft. N	Ft. Myers	STATE. FL, 33966
Cerlifi	ication i	Cerlification is hereby made that: (Check "a" or "b")	
	(a)	The articles described on the reverse side of this Certificate have been treated with a fiame-re approved and registered by the State Fire Marshal and the application of said chemical was with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.	The articles described on the reverse side of this Certificate have been treated with a fiame-retardant chemical approved and registered by the State Fire Marshal and the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
		Name of chemical used:	Chemical Registration #:
		Method of application:	
×	9	The articles described on the reverse side are made fine by the State Fire Marshal for such use.	The articles described on the reverse side are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.
		Trade Name of flame-resistant fabric or material used: Architent VT BO GLS	hitent VT BO GLS Registration #: F-92001
		The Flame Retardant Process Used_Will Not_ (will or will no	Will Not Be Removed By Washing

Tent Renters Supply
Name of Applicator or Production Superintendent

By: Matthew R. Perra

President

THIS REPRODUCIBLE ARTWORK IS FOR THE EXCLUSIVE USE OF STATE FIRE MARSHAL REGISTERED CONCERNS AND NIDVIDUALS FOR THE PRODUCTION OF REQUIRED FORMS

FR-3 (Revised 01/03/11) Page 1 of 2

FR-3 (Revised 01/03/11) Page 2 of 2

THIS REPRODUCIBLE ARTHORK IS FOR THE EXCLUSIVE USE OF STATE FIRE MARSHAL REGISTERED CONCERNS AND INDIVIDUALS FOR THE PRODUCTION OF REQUIRED FORMS

CONTROL NO	PS-INV115370
CUSTOMER ORDER NO.	PS-INV115370
CUSTOMER INVOICE NO.	PS-INV115370
YARDS OR QUANTITY	1 (See Size Type)
COLOR	SB White
SIZE/TYPE	(1)20' × 20' W Hip Roof
DATE PROCESSED	June 2023

