



EVENT PERMIT

Ordinance 17-08



Coconut Cup series/Florida State Championship series

PERMIT NUMBER: TMP2025-00356

Date(s) of Event: November 23, 2025 from 8:00am until 5:00pm.

Property Owner: TIITF STATE OF FLORIDA

Applicant: DAVID BERGER
352-873-9279

Description: Off road bicycle race, cross country mountain bike race held on the existing trail system at the park.

Location of event: 19130 N RIVER RD, ALVA, FL 33920

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

 11/20/25
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP2025-00356

Coconut Cup series/Florida State Championship series

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 ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	Coconut Cup series / Florida State Champlonship series
Date(s) of Event / Production:	11-23-25
Location(s) of Event:	Caloosahattchee park
Name of Applicant:	Gone Riding, corp
Applicant Address:	10915 SW 58th Ave Road / Ocala, Fl 34476
Applicant Phone Number:	352-207-8455
Contact Person: (If different from applicant)	David Berger
Contact Phone Number: (If different from applicant)	352-207-8455
Email Address:	Info@goneriding.com
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	off road bicycle race, cross country mountain bike race held on the exisiting trail system at the park.
Hours of Operation:	8am to 5pm
STRAP # of Parcel:	
Owner of Premises*:	Lee County

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? recreation

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

* 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: Fairly Consulting Group, LLC

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?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☐ Yes ☒ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

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 PROPERTY PERMIT

Organization Sponsoring the Event: Gone Riding, corp

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: _____

Address of Charity: _____

Phone Number: _____

Non-profit certificate/registration number: _____

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496,405 or proof the organization is exempt from this requirement. §316.2045)

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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

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

Will any of the following be needed or included*?

- | | | |
|--------------------------------|------------------------------|--|
| Street Closure | ☐ Yes | ☒ No |
| Traffic / Crowd Control | ☐ Yes | ☒ No |
| Fire or Burning | ☐ Yes | ☒ No |
| Explosives or Pyrotechnics | ☐ Yes | ☒ No |
| Animals, Large or Small | ☐ Yes | ☒ No |
| Construction of Any Kind | ☐ Yes | ☒ No |
| Large and/or Numerous Vehicles | ☐ Yes | ☒ 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 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.

Applicant Agreement - Signature Required

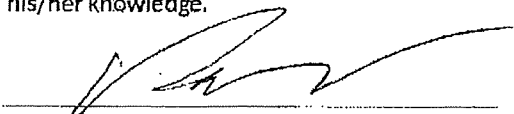


SECTION V - AGREEMENT

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

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

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



Signature of Applicant

David Berger / Race Director

Print Name of Applicant and Title

8-20-25

Date



Witness

Terri Berger

Print Name of Witness

8-20-25

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:

All participant parking will be on site and should not impede the normal flow of traffic.

Deputies (How Many?):

Extra duty detail deputies will not be required for this event.

Fee for Services:

None required.

Special Arrangements:

It is understood through this event application that the event will be taking place on one side of the park only and that participants will not need to cross the roadway as part of the course.

Print Name:

P. Commins

Signature:

[Handwritten Signature]

Title:

Support Services

Date:

8 20 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.*

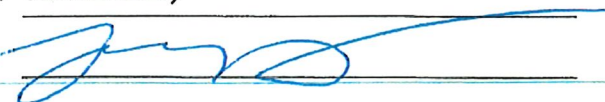
Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ 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?)	None. Bicycle race with no food vendors.
Fee for Services:	None.
Flammable Vegetation:	N/A
First Aid Equipment:	Will be addressed by LCEMS.
Fire Extinguishing:	N/A
Special Arrangements:	Ensure the two helicopter landing zones are unobstructed (i.e., the helicopter needs a 100' x 100' area) and any loose objects near the landing zones need to be secured. The first one is near the bike park parking area and the other is Alva Landing Zone 6 Coordinates: Lat 26.72796NN Long 81.64814W

Print Name: Jean Etcheverry

Signature: 

Title: Fire Chief

Date: 08/22/2025

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
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- 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:	Lee County Public Safety - EMS has required and arranged emergency medical coverage with the applicant. This is a stipulation to the approval of the application.
Medical Personnel:	Two personnel
Medical Supplies / Equipment:	Emergency Response Cart with equipment
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety.
Fee for Services	Staffed Emergency Medical Cart (\$80.00/hour + 1 hour setup/take down) @ 4.5 hours +1 hour = \$440.00 estimate. Fee is invoiced after the event.
Special Arrangements:	Lee County Public Safety - EMS has required and arranged emergency medical coverage with the applicant. This is a stipulation to the approval of the application. Applicant should contact this office should there be any changes or questions. For questions, contact our office at EMSDetail@leegov.com.

Print Name: Douglas B. Higgins

Signature:

Douglas B. Higgins

Digitally signed by Douglas B. Higgins
Date: 2025.09.07 13:52:25 -04'00'

Title:

Captain, EMS Operations

Date:

September 7, 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
☒ USE OF COUNTY PROPERTY PERMIT
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☐ 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

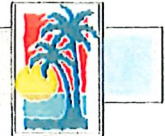
Signature: Nathaniel C. Thoman

Digitally signed by Nathaniel C. Thoman
Date: 2025.09.03 07:52:56 -04'00'

Title: Project Manager

Date: 09/03/2025

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
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☐ FILM PERMIT

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

Illumination:

Event organizer will need to provide temporary lighting if needed for pre-dawn set up.

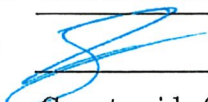
Parking Areas:

Event organizer is responsible to direct patrons to the designated parking areas on-site. Must ensure that vehicles do not block driveways or the roadway. Organizer must provide adequate staff/volunteers along with directional signage for the event.

Special Arrangements:

Please coordinate with park supervisor for specific needs for your event, including access to entrance gates outside of business hours. Participants and spectators must disperse and leave the park area to seek safe shelter during lightning alerts or threatening weather. The event organizer is responsible to provide adequate staff/volunteers throughout the event for Safety/First Aid stations, course monitoring, litter control and debris clean up during and after the event. Must provide at least (1) portable toilet for every 50 participants, with (1) being ADA accessible and two (2) wash stations. Work with the on-site staff to designate the placement of restroom units. Event set-up and breakdown should be coordinated with Park Staff. Additionally, the event organizer must comply with all terms stated in the signed agreement and adhere to Lee County Ordinances No. 22-10 (noise), and Parks & Recreation Ordinances 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 Services Manager

Date: 11/19/2025

CRP - COCONUT CUP SERIES / FL STATE CHAMPIONSHIP SERIES
(11/23/25)

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH 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
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☐ 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 to include participant legal liability coverage 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. Certificate Must Read As: Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above. Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

October 16, 2025

Client#: 308392

USAC2025

ACORD_{TM}**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/06/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fairly Consulting Group LLC 1800 S Washington St, Ste 400 Amarillo, TX 79102		CONTACT NAME: Fairly Group Certificates PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS: certs@fairlygroup.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Clear Blue Insurance Company	NAIC # 28860
INSURED USA Cycling, Inc. 210 USA Cycling Pt, Suite 100 Colorado Springs, CO 80919-2214		INSURER B: INSURER C: 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ GA applies per event GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X		CZ26COGL0002-01	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 Part Legal \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Named Insured Extension:

Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application And coverage will be afforded only For the specific Event And Date(s) On the permit.

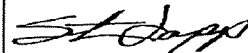
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Lee County Board of Commissioners
 P.O. Box 398
 Fort Myers, FL 33901

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



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