



# EVENT PERMIT

Ordinance 17-08



## Vintage Market Days of South Gulf Coast Florida

**PERMIT NUMBER:** TMP2026-00214

**Date(s) of Event:** From September 18, 2026 until September 20, 2026  
(See attached times)

**Property Owner:** LEE COUNTY

**Applicant:** Meridith Stoute  
3375019088

**Description:** Vintage market

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

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? Yes

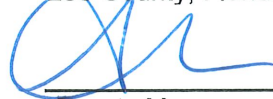
Will there be alcohol consumed or sold at the event ? No

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

8/13/26  
Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP2020-00214

# 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                                           | Vintage Market Days® of South Gulf Coast Florida              |
| Date(s) of Event / Production:                                                | September 18, 19, 20, 2026                                    |
| Location(s) of Event:                                                         | Lee County Civic Center                                       |
| Name of Applicant:                                                            | Meridith Stoute                                               |
| Applicant Address:                                                            | 217 Fairwood Dr.<br>Broussard, LA 70518                       |
| Applicant Phone Number:                                                       | 3375019088                                                    |
| Contact Person:<br>(If different from applicant)                              |                                                               |
| Contact Phone Number:<br>(If different from applicant)                        |                                                               |
| Email Address:                                                                | sgulfcoastfl@vintagemarketdays.com                            |
| Estimated Attendance:                                                         | 5000 - 7000 through the 3 days                                |
| Event Description:<br>Include each activity, when activities take place, etc. | Vintage inspired market with 100+ vendors, food trucks, music |
| Hours of Operation:                                                           | Friday, 9/18 - 9:30-4, Saturday 9/19 10-4, Sunday 9/20 10-3   |
| STRAP # of Parcel:                                                            | 24432500000070000                                             |
| Owner of Premises*:                                                           | Lee County                                                    |

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

## Lee County Event Permit Application



What is the Zoning Classification of the premises? Community Facilities

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

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: Acord

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): William B. Jordan Insurance 6536 E 91st St. Tulsa, OK 74133

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:

various food trucks

Type of Food being Served: sandwiches, salads, nonalcoholic drinks, pizza, burgers

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Vintage Market Days® South Gulf Coast Florida

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

Is alcohol being sold/consumed on County Property?

☒ Yes

☒ No

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

Non-profit certificate/registration number:

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

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

# Lee County Event Permit Application



Type of Production (choose all that apply):

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

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

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

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

vendor parking for large trailers

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.

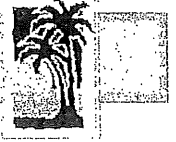
For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and 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.

## Lee County Event Permit Application



### SECTION V - AGREEMENT

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

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

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

Meridith Stoute  
Signature of Applicant

Meridith Stoute/Owner  
Print Name of Applicant and Title

7/16/2026  
Date

Danald Stoute  
Witness

Danald Stoute  
Print Name of Witness

7/16/2026  
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 parking must be in authorized areas on site and must not impede the flow of traffic.

Deputies (How Many?):

2 deputies for security & presence each day.

Fee for Services:

Contact LCSO Details Unit for further information

Special Arrangements:

This approval is contingent upon the event coordinator following through with the stipulation of hiring LCSO extra duty detail deputies as outlined above and confirming that the coverage is in place prior to the start of the event. Detail deputies will remain on site as long as the event is open to the public. According to permit application alcohol will not be served during event.

Print Name:

Joseph Henglin

Signature:

*[Handwritten Signature]*

Title:

Commander

Date:

7/28/26



## Lee County Event Permit Application



### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

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

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

Fire Guards (How Many?)

N/A

Fee for Services:

\$100 Permit/Inspection Fee

Flammable Vegetation:

Not Permitted

First Aid Equipment:

N/A

Fire Extinguishing:

On Site

Special Arrangements:

Inspection required on all food trucks and layout prior to opening

Print Name: William Underwood

Signature:

Title:

Fire Chief

Date:

7/20/2026

## 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
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- ☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

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

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:

Please call 911 in the event of an emergency. To arrange special event emergency medical coverage (ambulance, cart, etc) or EMS participation, please fill out and submit the form at the following link: [EMS Special Detail Request Form](#)  
For questions, contact our office at [EMSDetail@leegov.com](mailto:EMSDetail@leegov.com).

Print Name: Douglas B. Higgins

Signature:

Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
Date: 2026.07.16 17:10:12 -04'00'

Title:

Captain, EMS Operations

Date:

July 16, 2026

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: Nathan Thoman Digitally signed by Nathan Thoman  
Date: 2026.08.03 09:28:33 -04'00'

Title: Project Manager

Date: 08/03/2026

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

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

Illumination:

It will be the responsibility of the event organizer to provide additional lighting that is needed for their event, set up and breakdown.

Parking Areas:

The event organizer is responsible to direct patrons to the designated parking locations (as needed). The event organizer will work with on site staff to ensure vehicles do not block driveways and private roadways, so emergency vehicles have clear access. Additionally, the event organizer must provide adequate staff/volunteers along with directional signage for the event (as needed).

Special Arrangements:

The event organizer is responsible for providing adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. The event organizer will work with on site staff to designate the collection areas for debris/trash during and after the event. Additionally, the event organizer must adhere to all language written in the signed agreement.

Participants and spectators must disperse and leave the park area to seek safe shelter during threatening weather.

Organizer must comply with Lee County and Parks & Recreation Ordinances (25-14, 22-10) and (18-12, 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. Ensure any outside vendors are approved as mobile vendors through Lee County Parks and Recreation.

Print Name: Trever Searley

Signature: [Signature]

Title: Countywide Services Manager

Date: 8/3/2026

MGRAP - VENTAGE MARKET DAYS OF SOUTH  
Gulf Coast Florida  
(9/18 - 9/20/2026)

**Lee County Event Permit Application**



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

*Check the appropriate box(es) below:*

- ☒ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
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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 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.                                                                                                                                                                      |
|                         | <p>Certificate Must Read As:</p> <p>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.</p> |
| Special Arrangements:   | <p>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.</p> <p>Subject to proof of insurance.</p>                                                                                |

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

August 3, 2026



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                         |                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>918-272-2208<br>William Jordan Insurance Agency<br>6536 E 91st St<br>Tulsa, OK 74133                 | <b>CONTACT NAME:</b> Bill Jordan 918-381-3685<br><b>PHONE (A/C No. Ex):</b> 918-272-2208<br><b>FAX (A/C No.):</b> 918-272-2209<br><b>E-MAIL ADDRESS:</b> billjordan93@gmail.com               |
| <b>INSURED</b><br>Donald Stoute Consulting, Inc.<br>Vintage Market Days, LLC<br>PO Box 140597<br>Broken Arrow, OK 74014 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Evanston Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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. SUBR. INSD. WVD.                                                             | POLICY NUMBER                       | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------|-------------------------------------------|------------|------------------------------|----------|--------------------------------|--------------|-------------------|--------------|-----------------------|-------------|--|----|
| A                                                                                 | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b><br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b><br><input checked="" type="checkbox"/> <b>OTHER: \$5,000,000 Cap all Loc combined</b> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>            | 3AA980685                           | 02/21/2026               | 02/21/2027               | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ Excluded</td></tr><tr><td></td><td>\$</td></tr></table> | EACH OCCURRENCE                                                                   | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | MED EXP (Any one person)     | \$ 5,000 | PERSONAL & ADV INJURY          | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COM/OP AGG | \$ Excluded |  | \$ |
| EACH OCCURRENCE                                                                   | \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence)                                         | \$ 100,000                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| MED EXP (Any one person)                                                          | \$ 5,000                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| PERSONAL & ADV INJURY                                                             | \$ 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| GENERAL AGGREGATE                                                                 | \$ 2,000,000                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| PRODUCTS - COM/OP AGG                                                             | \$ Excluded                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|                                                                                   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> <b>ANY AUTO</b><br><input type="checkbox"/> <b>OWNED AUTOS ONLY</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b><br><input type="checkbox"/> <b>HIRED AUTOS ONLY</b> <input type="checkbox"/> <b>NON-OWNED AUTOS ONLY</b>                                                                                                                                           |                                                                                    |                                     |                          |                          | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                        | COMBINED SINGLE LIMIT (Ea accident)                                               | \$           | BODILY INJURY (Per person)                | \$         | BODILY INJURY (Per accident) | \$       | PROPERTY DAMAGE (Per accident) | \$           |                   | \$           |                       |             |  |    |
| COMBINED SINGLE LIMIT (Ea accident)                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| BODILY INJURY (Per person)                                                        | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| BODILY INJURY (Per accident)                                                      | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| PROPERTY DAMAGE (Per accident)                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|                                                                                   | <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b><br><b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b><br><b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>                                                                                                                                                                                                               |                                                                                    |                                     |                          |                          | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                                                                                                                                                                                 | EACH OCCURRENCE                                                                   | \$           | AGGREGATE                                 | \$         |                              | \$       |                                |              |                   |              |                       |             |  |    |
| EACH OCCURRENCE                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| AGGREGATE                                                                         | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
|                                                                                   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Y/N</b> <input checked="" type="checkbox"/> <b>N/A</b> | OK 08.03.2026<br><i>Mike Jordan</i> |                          |                          | <table border="1"><tr><td><input type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTHER</b></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>                                                                                                                                      | <input type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTHER</b> |              | E.L. EACH ACCIDENT                        | \$         | E.L. DISEASE - EA EMPLOYEE   | \$       | E.L. DISEASE - POLICY LIMIT    | \$           |                   |              |                       |             |  |    |
| <input type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTHER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |              |                                           |            |                              |          |                                |              |                   |              |                       |             |  |    |
| 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)

Event Location: Lee Civic Center, 11831 Bayshore Rd, Fort Myers, FL 33917

Event Dates: 09/15/2026-09/20/2026

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 per the terms and conditions of the attached Blanket Additional Insured endorsement MEGL 0009-01 09 18 and Blanket Waiver of Transfer of Rights Against Others to Us policy endorsement MEGL 0241-01 05 18.

Primary and Noncontributory applies to the Certificate Holder per attached Primary and Noncontributory policy endorsement CG 2001 04 13.

**CERTIFICATE HOLDER**

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

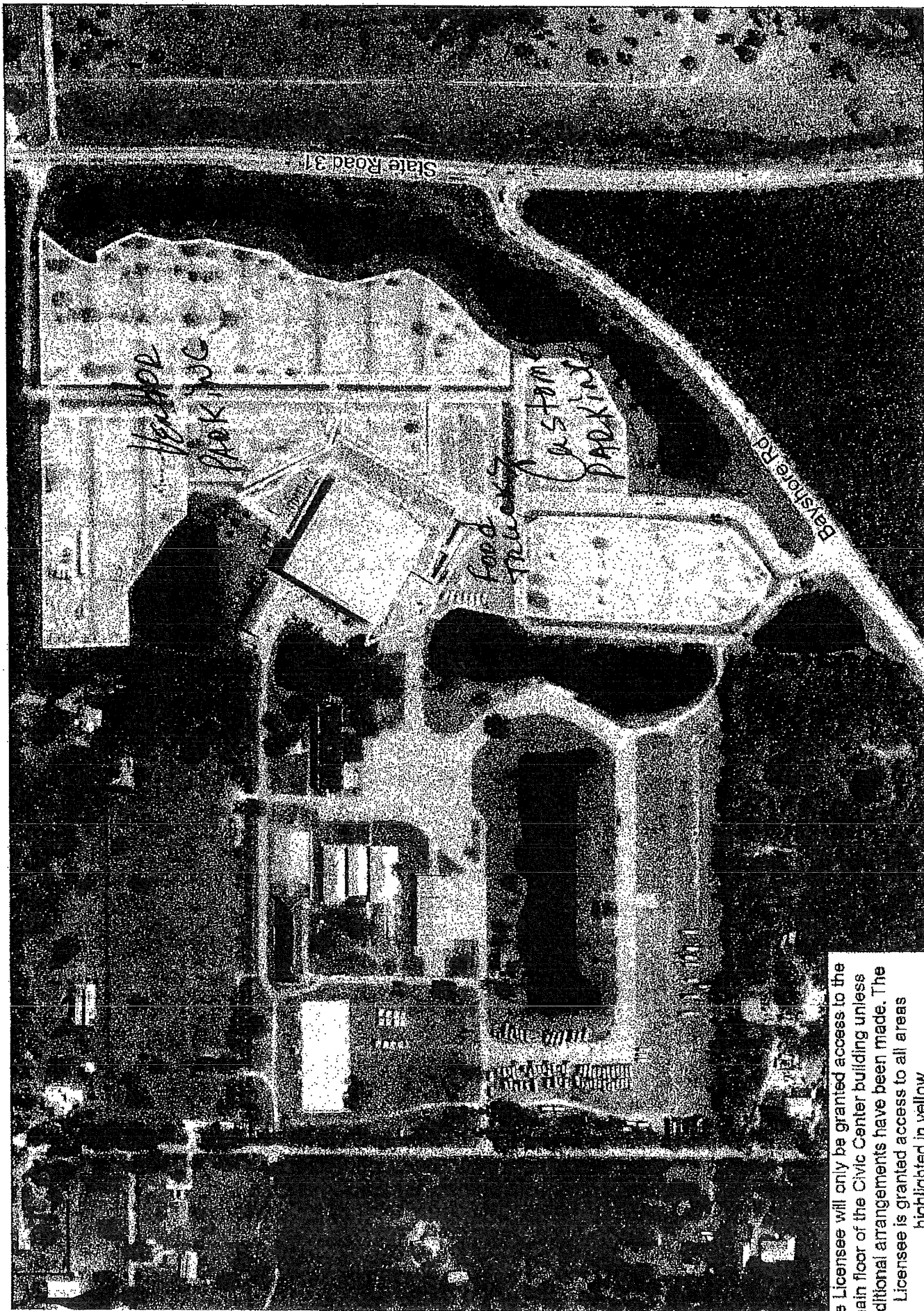
**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*William C. Jordan* William Jordan





A licensee will only be granted access to the main floor of the Civic Center building unless additional arrangements have been made. The licensee is granted access to all areas highlighted in yellow.

## Exhibit A