

# **EVENT PERMIT**



Ordinance 14-15

### FAIR AT FENWAY SOUTH

PERMIT NUMBER:

TMP2015-00252

Date(s) of Event:

November 5, 6, 7, 8, 13, 14, 15, 20, 21, and 22, 2015

Property Owner:

NESV FLORIDA REAL ESTATE LLC

Applicant:

FAIR PRODUCTION II INC

Contact: JEFFREY BOLONSKI

Description:

Family fair including rides, games, food, entertainment and attractions

Location of event:

11501 FENWAY SOUTH DR FORT MYERS 33913

JETBLUE PARK \*\*\*813-677-0121

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

Date

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

1MP2015-00252



## **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 INF  | ORMATION (All Permit Types)   |
|--|---|
| Title of Event / Name of Production  | Fair at Fenway South  |
| Date(s) of Event /<br>Production:  | Nov. 5,6,7,8,13,14,15,20,21,22  |
| Location(s) of Event:  | JetBlue Park 11500 Fenway South Drive, Ft. Myers, Fl. 33913               |
| Name of Applicant:   | Fair Production II Inc.   |
| Applicant Address:   | P.O. Box 70 Old Bethpage, NY 11804  |
| Applicant Phone Number:  | 516-369-2195  |
| Contact Person:<br>(If different from applicant)                                 | Jeffrey Bolonski  |
| Contact Phone Number:<br>(If different from applicant)                           | 813-677-0121  |
| Email Address:   | xcircusmanx@yahoo.com   |
| Estimated Attendance:  | 500-1000/day  |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | Family fair including, rides, games, food, entertainment and attractions. |
| Hours of Operation:  | 5pm-11pm weekdays, 12noon-11pm weekends                                   |
| STRAP # of Parcel:   | 24-45-25-02-00001,00002,00003,00004,00005 24452502000060000               |
| Owner of Premises*;  | NESV Real Estate  |

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

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#### Fill out the following questions for all permit types: What is the Zoning Classification of the premises? MPD Are any temporary structures to be installed for the event? Yes Type: X No Do you have the appropriate permits for the temporary structures? Yes \* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities indentified, including all parking areas. Insurance Company Insuring the Event: T.H. E. Insurance Company/Allied Specialty Insurance Note: Certificate of Insurance must be submitted at time of application Surety Company Bonding this Event (Name and Address): n/a Will Alcoholic Beverages be Will Food be Available at this Event? Will Vehicles be Used as Part of This served/consumed at this Event? Event? X No T Yes X Yes - No r Yes X No If yes, liquor liability coverage must be If yes, automobile coverage must be If yes, products liability coverage must be included on the certificate of insurance. included on the certificate of insurance. included on the certificate of insurance. Name & Address of Organization Wade Shows Inc. P.O. Box 51730, Livonia, MI 48151 Providing Food: Type of Food being Served: Typical Fair Food popcorn, cotton candy, funnel cakes, hot dogs, sausage, pizza, soda, etc. Section II - USE OF COUNTY PROPERTY PERMIT Organization Sponsoring the Event: 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? 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

Sharmer E.D



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| Type of Production (choo  | se all that apply):  |                      |           |                |  |                 |  |           |
|---------------------------|--|----------------------|-----------|----------------|--|-----------------|--|-----------|
| TV Movie or Special       | TV Seri  | es / Pilot           | Г         | TV Commer      | cial   | Still Ph        | otos   |           |
| Public Service Annou      | ncement   Industri   | al / Documentary     |           | Other:         |  |                 |  |           |
| Will any of the following | be needed or included  | *?                   |           |                |  |                 |  |           |
| Street Clos               | ure  |                      |           | ☐ Yes          | <b></b>                                      | No              |  |           |
| Traffic / Cr              | rowd Control   |                      |           | Yes            |  | No              |  |           |
| Fire or Bur               | ning   |                      |           | Yes            | Г  | No              |  |           |
| Explosives                | or Pyrotechnics  |                      |           | Yes            | -  | No              |  |           |
| Animals, L                | arge or Small  |                      |           | Yes            |  | No              |  |           |
| Constructi                | on of Any Kind   |                      |           | Yes            |  | No              |  |           |
| Large and                 | or Numerous Vehicles   |                      |           | Yes            | Γ_   | No              |  |           |
| Helicopter                | rs, Boats, etc.  |                      |           | Yes            | Γ  | No              |  |           |
| Stunts                    |  |                      |           | Yes            | Γ  | No              | *  | 78        |
| Other                     |  |                      |           | ├ Yes          | 1  | No              |  |           |
| Special Parking Requir    | rements:   | el, equipment, facil | lities, « | etc.)          |  |                 |  |           |
| The following informa     | ation is required for loc  | al and state record  | is on p   | roduction in   | Florid                                       | a to track th   | e economic   | impact of |
| the industry. If exact    | figures are not availab  | le, please estimate  | as clo    | sely as possil | ble.   |                 |  |           |
| Number in Cast:           | and the second s | Number in Crew:      |           | Nur            | mber o                                       | f locals hired: | **************************************   |           |
| Total budget:             | Mention of the state of the sta | Estimate amount s    | pent in   | Lee County:    |  |                 | ***************************************  |           |
| Hotel room nights:        | ber of rooms x number of night   | Number of shootin    | ig days:  |                | <u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                 | Afficiancy and the second of t |           |

#### **Applicant Agreement - Signature Required**



#### **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 permises 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.

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#### 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.

Jeffrey Bolonski

Signature of Applicant

Witness

Archew VOSS

Print Name of Applicant and Title

Print Name of Witness

Print Name of Witness



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

| FILM PERM                                    | ENT PERMIT<br>JNTY PROPERTY<br>SELL AND CONS<br>IT   | PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES                         |
|--|--|---|
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPL | APPLICATION, I   | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| Parking:                                     | Parking in auth  | orized parking areas only.  |
| Deputies (How Many?):                        |  | 00-2400 hours<br>00-2400 hours  |
| Fee for Services:                            | energiane de la central de la companya de la compa |   |
| Special Arrangements:                        | November 5,6,  | 7,8,13,14,15,20,21,22, 2015. Hours will be adjusted as necessary.                   |
|  | Print Name:  | Capt, Scott Lucia   |
|  | Signature: Title:  | Detail Unit Commander   |
|  | Data   | 8 September 2015  |

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#### 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 EV                                   | ENT PERMIT                               |  |  |                         |
|--|--|--|--|-------------------------|
| USE OF CO                                    | UNTY PROPERTY                            | PERMIT                                     |  |                         |
| FILM PERM                                    | ur 🦼                                     |  |  |                         |
| FTER REVIEWING THE<br>VILL REQUIRE THE APPLI | APPLICATION, PL<br>CANT TO COMPL         | EASE INDICATE BELOW<br>WITH FOR THEIR EVEN | WHAT ARRANGEMENTS<br>IT.   | YOUR ORGANIZATION       |
| Fire Guards (How<br>Many?)                   | 2 Certified Crowd M                      | anagers                                    |  |                         |
| ee for Services:                             | 55.00 per tent over                      | 900 sq ft                                  |  | ·                       |
| Flammable Vegetation:                        | cleared from around                      | d tent                                     |  |                         |
| First Aid Equipment:                         | Call 911 as needed                       |  |  |                         |
| Fire Extinguishing:                          | minimum 2a 10 bc e<br>NFPA 96 compliant. | extinguisher at all tents and              | cooking tents, food service truc   | ks, or trailers must be |
| Special Arrangements:                        | none at this time                        |  |  |                         |
|  | Print Name:                              | James Tanner                               |  |                         |
| w.   | Signature:                               | James Tanner                               | Digitally signed by James Terman Dis servainness Terman, or South Trail Frie District, euroffre Manthell, enralging mengenophersille europ coUS Distor 2015 07406 1441299 - Orlean |                         |
|  | Title:                                   | Fire Marshal                               |  | -                       |
|  | Date:                                    | September 8, 2015                          |  | -                       |
|  |  |  |  |                         |



# EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

| Check the appropri                           | ate box(es) belo       | w:   |  |                           |
|--|------------------------|--|--|---------------------------|
| SPECIAL EV USE OF COL                        | UNTY PROPERTY P        | ERMIT  |  |                           |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPL | APPLICATION, PLI       | EASE INDICATE BELOW<br>Y WITH FOR THEIR EVEI | / WHAT ARRANGEMENTS<br>NT.   | YOUR ORGANIZATION         |
| Treatment Facilities:                        | N/A                    | 3  |  | _                         |
| Medical Personnel:                           | N/A                    |  |  |                           |
| Medical Supplies /<br>Equipment:             | N/A                    |  |  |                           |
| Safety Requirements:                         | N/A                    |  |  |                           |
| Fee for Services                             | Patients are billed at | t the time of service                        |  |                           |
| Special Arrangements:                        | Call 9-1-1 as need fo  | r emergencies. Be prepared                   | to direct incoming emergency   | vehicles to the patients. |
|  | Print Name:            | Scott M Tuttle                               |  | _                         |
|  | Signature:             | Scott M Tuttle                               | Digitaly signed by Scott M Turse Dift conducted his Turks c-U.S. our Public Salexy, email-nutrisound/ssegov.com Date: 2015/00:00 13-50:00-04/85* | _                         |
|  | Title:                 | Deputy Director                              |  | _                         |
|  | Date:                  | Sep 8, 2015                                  |  | -                         |

Yada K



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

| Check | the | approp  | oriate | box(es) | below:     |
|-------|-----|---------|--------|---------|------------|
|       | X   | SPECIAL | EVENT  | PERMIT  | to K. W.J. |

FILM PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

| Parking:              | No event parking in  | Lee County DOT maintained        | d road rights-of-way. Park in designated a                               | reas.                            |
|-----------------------|--|----------------------------------|--|----------------------------------|
|                       | and the state of t |                                  |  |                                  |
|                       |  |                                  |  |                                  |
| Ingress and Egress:   | Use all established  | means of ingress and egress      |  |                                  |
|                       |  |                                  |  |                                  |
|                       |  |                                  |  |                                  |
| Special Arrangements: | Use Lee County She   | eriff's Office for assistance wi | th traffic control as needed.  | and and the second second second |
| Special Arrangements. |  |                                  |  |                                  |
|                       |  |                                  |  |                                  |
|                       |  |                                  |  |                                  |
|                       |  |                                  |  |                                  |
|                       | The state of the s |                                  |  |                                  |
|                       |  |                                  |  |                                  |
|                       | Print Name:  | Bryan Miller                     |  |                                  |
|                       | Signature:   | Bryan D. Miller                  | Digitally signed by Bryan D. Miller<br>Date: 2015.09.10 13:32:27 -04'00' |                                  |
|                       | Title:   | Senior Project Manager           |  |                                  |
|                       | Date:  | September 10, 2015               |  |                                  |

Photo G



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

FILM PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

| Illumination:         | All illumination must f                        | follow county oridnance                    |   |                  |
|-----------------------|--|--|---|------------------|
|                       |  |  |   |                  |
| Parking Areas:        | Event organizer must accesses are open an      | t ensure parking is restricted<br>d clear. | to designated areas and ensu  | re all emergency |
|                       |  |  |   |                  |
| Special Arrangements: | All entertainment m                            | ust be stopped by 11:00.                   |   |                  |
|                       | augustano varia                                |  |   |                  |
|                       |  |  |   |                  |
|                       | manur Mary (Malayanin) (Malayanin) (Malayanin) |  |   |                  |
|                       |  |  |   |                  |
|                       |  |  |   |                  |
|                       | N  | v <sup>a</sup> ·                           |   |                  |
|                       | Print Name:                                    | Alise Flanjack                             |   |                  |
|                       | Signature:                                     | Alise Flanjack                             | Digitally signed by Alice Plandarik Dit con-Alim Planjack, onton Coursey Forts and Recreation, os, venual-velocologous/corn, c-VS Dete: 2015.00.19 18:5026-04/007 |                  |
|                       | Title:   | Deputy Director                            |   |                  |
|                       | Date:  | Sept. 10, 2015                             |   |                  |

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

| Check | the | approp  | riate | box( | es) | below: |
|-------|-----|---------|-------|------|-----|--------|
|       | X   | SPECIAL | EVENT | PERI | VIT |        |

| 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 the applicants use of aforementioned event on Lee County property.  Special Arrangements:  A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  Title: Risk/Program Manager | IX USE OF COU             | NTY PROPERTY P   | ERMIT  |
|---|---------------------------|--|--|
| 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 the applicants use of aforementioned event on Lee County property.  Special Arrangements:  A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, Fl 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  | F PERMIT TO S             | ELL AND CONSU  | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
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| occurrence to protect against bodily injury and/or property damage relative to the applicants use of aforementioned event on Lee County property.  Special Arrangements:  A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, Fl 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  | AFTER REVIEWING THE A     | PPLICATION, PL   | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.  |
| Special Arrangements:  A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:   | Insurance Requirements:   | occurrence to prot   | ect against bodily injury and/or property damage relative to the applicants use of   |
| Special Arrangements:  A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:   |                           |  |  |
| Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  | COLUMN TO THE PROPERTY OF |  | The state of the s |
| Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  |                           | and the second s |  |
| Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  |                           |  |  |
| Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  |                           | ***************************************  |  |
| Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.  Print Name: Mike Figueroa  Signature:  |                           | -  |  |
| Signature:  | Special Arrangements:     | Board of County  | Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an  |
| Signature:  |                           |  |  |
| Signature:  |                           | and the second   |  |
| Signature:  |                           |  |  |
| Signature:  |                           | )  |  |
| Signature:  |                           |  |  |
| contraction and the second  |                           | Print Name:  | Mike Figueroa  |
| contraction and the second  |                           | Signature  |  |
| Title: Risk/Program Manager   |                           | Signature:   |  |
|   |                           | Title:   | Risk Program Manager   |

September 9, 2015

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/09/15

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

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

|          | ns and conditions of the po<br>ate holder in lieu of such er | olicy, certain policies may require an e<br>ndorsement(s).   |  | A Statemen | it on this certific | ate does not come.   | Tigine to the |
|----------|--|--|--|------------|---------------------|----------------------|---------------|
| PRODUCER | Allied Specialty<br>10451 Gulf Blvd<br>Treasure Island,      |  | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext):<br>E-MAIL<br>ADDRESS: |            |                     | FAX<br>(A/C, No):    |               |
|          | 8002373355   |  | ADDICESS.  | INSURER(   | S) AFFORDING COVE   | RAGE                 | NAIC#         |
|          |  |  | INSURER A :  | T.H.E.     | Insurance           | Company              | 12866         |
| INSURED  | Fair Productions   | II, Inc.   | INSURER B :  |            |                     |                      |               |
|          | P.O. Box 70<br>Old Bethpage, NY                              | 11747  | INSURER C :  |            |                     |                      |               |
|          | Old Bethpage, Ni   | 11/4/  | INSURER D :  |            |                     |                      |               |
|          |  |  | INSURER E :  |            |                     |                      |               |
|          |  |  | INSURER F:   |            |                     |                      |               |
| COVERA   | AGES   | CERTIFICATE NUMBER:  |  |            |                     | N NUMBER:            |               |
| THIS IS  | TO CERTIFY THAT THE POL                                      | LICIES OF INSURANCE LISTED BELOW HANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORD | I DE ANY CON   | TRACT OR C | JIHER DOCUMEN       | AL AALLILIKEOLEGI IS |               |

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

|             | CLUSIONS AND CONDITIONS OF SUCH   | POLICIES<br>ADDL SUBI | 2                                      | POLICY EFF          | POLICY EXP   | LIMITS                              | 6            |
|-------------|---|-----------------------|--|---------------------|--------------|-------------------------------------|--------------|
| INSR<br>LTR | TYPE OF INSURANCE   | INSR WVE              | POLICY NUMBER                          | (MM/DD/YYYY)        | (MM/DD/YYYY) |                                     | 1 000 000    |
|             | GENERAL LIABILITY   |                       |  |                     |              | EACH OCCURRENCE DAMAGE TO RENTED    | 100,000      |
| А           | X COMMERCIAL GENERAL LIABILITY  |                       | CPP0103317-02                          | 04/14/15            | 04/14/16     | PREMISES (Ea occurrence)            | \$ 100,000   |
|             | CLAIMS-MADE X OCCUR   |                       |  |                     |              | MED EXP (Any one person)            | \$           |
|             | CLAIMS-MADE 21 OCCOR  |                       |  |                     |              | PERSONAL & ADV INJURY               | \$ 1,000,000 |
|             |   |                       |  |                     |              | GENERAL AGGREGATE                   | \$           |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                       | L. Lidden's                            |                     |              | PRODUCTS - COMPIOP AGG              | \$ 5,000,000 |
|             | DRO.  |                       | 1 3.44                                 |                     |              |                                     | \$           |
|             | AUTOMOBILE LIABILITY  |                       |  |                     |              | COMBINED SINGLE LIMIT (Ea accident) | \$           |
|             |   |                       | A 1                                    |                     |              | BODILY INJURY (Per person)          | \$           |
|             | ANY AUTO ALL OWNED SCHEDULED  |                       |  |                     |              | BODILY INJURY (Per accident)        | \$           |
|             | AUTOS AUTOS NON-OWNED   |                       |  |                     |              | PROPERTY DAMAGE<br>(Per accident)   | \$           |
|             | HIRED AUTOS AUTOS   |                       |  |                     |              |                                     | \$           |
|             | UMBRELLA LIAB OCCUR   |                       |  |                     |              | EACH OCCURRENCE                     | \$           |
|             | EXCESS LIAB CLAIMS-MADI   |                       |  |                     |              | AGGREGATE                           | \$           |
|             | DED RETENTION\$   | -                     |  |                     |              |                                     | \$           |
| -           | WORKERS COMPENSATION  |                       |  |                     |              | WC STATU- OTH-<br>TORY LIMITS ER    |              |
|             | AND EMPLOYERS' LIABILITY Y/N  |                       |  |                     |              | E.L. EACH ACCIDENT                  | \$           |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                 | N/A                   |  |                     |              | E.L. DISEASE - EA EMPLOYEE          | \$           |
| 1           | (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below |                       |  |                     |              | E.L. DISEASE - POLICY LIMIT         | \$           |
| -           | DESCRIPTION OF OPERATIONS below   |                       |  |                     |              |                                     |              |
|             |   |                       |  |                     |              |                                     |              |
|             |   |                       |  |                     |              |                                     |              |
|             |   |                       | 1                                      | it was on a co      | ic required) |                                     |              |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHI                                 | CLES (Attac           | h ACORD 101, Additional Remarks Schedu | ille, if more space | NIETAI ENICI | AND SPORTS                          |              |

RIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ADDITIONAL INSURED: BOSTON RED SOX BASEBALL CLUB, LP,; NEW ENGLAND SPORTS
VENTURES, LLC; NESV I, LLC; NESV IV, LLC; LEE COUNTY AND NESV FLORIDA REAL
ESTATE, LLC WITH RESPECTS TO OPERATIONS OF NAMED INSURED ONLY
DATES: NOVEMBER 2 - 26, 2015 THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY

| C | Е | R | T | IF | 1 | CA | T | E | Н | O | L | D | E | R | ! |
|---|---|---|---|----|---|----|---|---|---|---|---|---|---|---|---|
|   |   |   |   |    |   |    |   |   |   |   |   |   |   |   |   |

LEE COUNTY BOARD OF COUNTY COMMISSIONERS P O BOX 398 FT MYERS FL 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.

AUTHOR ZED REPRESENTATIVE

MA © 1988-2010 ACORD CORPORATION. All rights reserved.

PARKING ALIEN GARLAS ALIEN 876 FERRIS WHEE GENERATOR JetBlue Park GENERATOR MOHS MOLES G-S-VEWN97 PARKING PATRON FAIR AT FENWAY SOUTH NOVEMBER 7 - 23, 2014 PARKING PATRON ETBLUE PARK



1903 1912 1915 1916 1918 2004 2007

August 18, 2015

#### To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant Fair Production II with a place of business at P.O Box 70, Old Bethpage, NY 11804 permission access to land owned by NESV Florida Real Estate located at 11500 Fenway South Drive to host a Fair during the dates of November 2-25, 2015. The times for each day are as followed:

- November 2-4, 2015 Set Up
- November 5-22, 2015 7:00am 12:00am
- November 23-25, 2015 Load Out

The parcels of land used for the Fair have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely

Brennan Whitley

NESV Florida Real Estate / Boston Red Sox

11500 Fenway South Drive

Fort Myers, FL 33913

Phone: (239) 226-4755

Email: bwhitley@redsox.com

State of Florida County of Lee

The foregoing instrument was acknowledged

before me this 19 day of AUGUST

by BRENNAN WHITLEY

who has produced FLORING DRIVER CICENSE

as identification

Notary Public, State of Florida Commission # FF 27392 My Jomin. expires June 13, 2017

# Certificate of Flame Resistance



ISSUED BY
John Boyle & Co. Inc.
PO Box 791
Statesville, NC 28687

Manufactured by
Anchor Industries Inc.

Date treated or manufactured

1100 Burch Dr.

01/2000

Evansville, In.47711

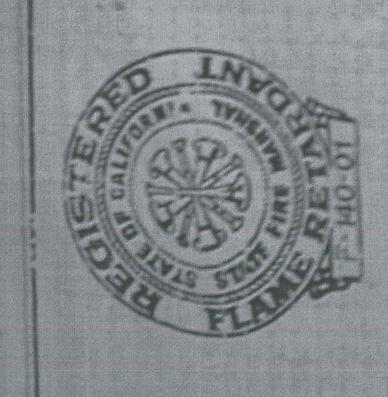
This is to certify that the materials described below have been flame-retardant treated (or are inherently nonflammable)

FOR

Great American Frontier Shows 2630 Trinity Road Lynchburg, SC 29080

Certification is hereby made that: (Check "a" or "b")

|               | Collingation is nelect than  |  |                 |
|---------------|--|--|-----------------|
|               | a) The articles described below this Cert<br>registered by the State Fire Marshal and<br>laws of the State of California and the | approved and<br>ance with the                                |                 |
|               |  | Chem. Reg. No.   |                 |
|               | Method of application  | e  | -               |
| <b>x</b> .    | (b) The articles described below are ma<br>the State Fire Marshal for such use.  | nde from a flame-resistant fabric or material registered and | approved by     |
|               |  |  |                 |
| · x           | NFPA-701 (large scale)   |  |                 |
| Trade name of | flame-resistant fabric or material used  | d Gala Fire Chief  |                 |
|               | F76.7  |  |                 |
| The Flame     | -Retardant Process Used W  | VILL NOT Be Removed By Washing                               |                 |
|               |  |  | non-monde (EAS) |
| Product Descr | iption Gala Fire Chief - 40x MID   | PT Customer Invoice # 10650                                  |                 |



MACCOLLEGE WILL ATTACK FASSON

Cala of Chamberton

Mannest May 2 Permitter F 140-Ct

Orthindo, Fila Killsy Tonil

9009-778-008

ORMOND BEAC 800-446-1017 MCKSONAIL CONVINO

## Suncoast Portable Sanitation Inc.

Good afternoon Jeff,

This letter acknowledges that our company will be supplying 16 Portable Restrooms, 15 Regular and 1 Handicap Accessible, and 4 Holding Tanks to be delivered as instructed on 11/2/15 and 11/5/15. The portable toilets will be serviced as instructed on 11/5,7,8,13,14,15,20,21,22/2015. The holding tanks will be pumped upon pickup. All units will be picked up on 11/24/15.

Sincerely, Brenda Setzer Sales Representative Suncoast Portable Sanitation