



EVENT PERMIT

Ordinance 17-08



FAIR AT FENWAY SOUTH

PERMIT NUMBER: TMP2019-00298

Date(s) of Event: NOVEMBER 8, 9, 10, 15, 16, 17, 22, 23, 24, 2019
WEEKDAYS 5:00PM UNTIL 11:00PM SATURDAY AND
SUNDAY 1:00PM UNTIL 11:00PM

Property Owner: NESV FLORIDA REAL ESTATE LLC

Applicant: BRIAN SCHUMAN
516-369-2195

Description: FAMILY FAIR INCLUDING RIDES, GMAES, FOOD, ATTRACTIONS, AND ENTERTAINMENT

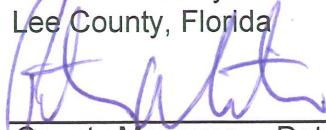
Location of event: 0 CANVAS ALY, FORT MYERS, FL 33913
JETBLUE PARK

- 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

 10-8-19

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

FAIR AT FENWAY SOUTH

TMP2019-00298



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	Fair at Fenway South
Date(s) of Event / Production:	November 8, 9, 10, 15,16,17,22,23,24, 2019
Location(s) of Event:	JetBlue Park 11500 Fenway South Drive Ft. Myers Fl. 33913
Name of Applicant:	Fair Productions LLC.
Applicant Address:	P.O. Box 70 Old Bethpage, N.Y. 11804
Applicant Phone Number:	516-369-2195
Contact Person: (If different from applicant)	Brian Schuman
Contact Phone Number: (If different from applicant)	
Email Address:	brianschuman@gmail.com
Estimated Attendance:	500-1,000 per day
Event Description: Include each activity, when activities take place, etc.	Family fun fair including rides, games, food attractions and entertainment.
Hours of Operation:	5pm - 11pm weekdays. 1pm - 11:pm Saturday's and Sunday's.
STRAP # of Parcel:	24452502000030000
Owner of Premises*:	NESV Real Estate

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? MPD

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: T.H.E. INSURANCE COMPANY / ALLIED SPECIALTY INSURANCE CO.

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

Surety Company Bonding this Event (Name and Address): N/A

Three columns of questions: Will Vehicles be Used as Part of This Event? Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event? Each with Yes/No checkboxes and insurance requirements.

Name & Address of Organization Providing Food: Wade Shows Inc. P.O. Box 51730 Livonia, Mi 48151

Type of Food being Served: Typical Fair Food. Popcorn, cotton candy, funnel cakes, hot dogs, cheesesteaks pizza,

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Fair Productions LLC.

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

Name of Charity:

Address of Charity:

Phone Number:

Non-profit certificate/registration number:

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? Yes No

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

Non-profit certificate/registration number:

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

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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

<input type="checkbox"/> TV Movie or Special	<input type="checkbox"/> TV Series / Pilot	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Still Photos
<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> Industrial / Documentary	<input type="checkbox"/> 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 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:

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.



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.

A handwritten signature in black ink, appearing to read "B Schuman", written over a horizontal line.

Signature of Applicant

Brian Schuman
Managing Member

Print Name of Applicant and Title
Fair Productions LLC

9/06/2019

Date

A handwritten signature in black ink, appearing to read "Patrice Golde", written over a horizontal line.

Witness

Patrice Golde

Print Name of Witness

9/06/2019

Date

Lee County Event Permit Application



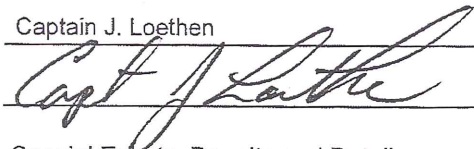
LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

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:	Parking in authorized parking areas only.
Deputies (How Many?):	2 deputies from 1800-0000 hrs all days
Fee for Services:	\$48/hr per deputy
Special Arrangements:	Hours will be adjusted as necessary. Should event impede the flow of traffic, a traffic detail will be added at the cost of the vendor.

Print Name: Captain J. Loethen
Signature: 
Title: Special Events, Permits and Details
Date: 9/17/19

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
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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?)	2. Applicant is providing to certified crowd managers
Fee for Services:	N/A
Flammable Vegetation:	CLEARED A MINIMUM OF 10' FROM ALL RIDES, VENDORS, TENTS, ETC.
First Aid Equipment:	On site personnel from South Trail
Fire Extinguishing:	ALL RIDES MUST BE EQUIPPED WITH AT LEAST ONE 2A10BC EXTINGUISHER. FOOD VENDORS AND FOOD TRUCKS MUST HAVE APPROPRIATE EXTINGUISHERS ON HAND. ALL EXTINGUISHERS MUST BE CURRENT WITH INSPECTIONS BY A CERTIFIED EXTINGUISHER COMPANY WITH INSPECTION TAGS ATTACHED.
Special Arrangements:	PLEASE CONTACT ASSISTANT CHIEF ROGERS AT 239-433-0080 FOR REQUIRED STAND BY FD COVERAGE. PLEASE CONTACT INSPECTOR GILBERT AT 239-229-7666 TO COORDINATE INSPECTIONS. FINAL INSPECTION TO TAKE PLACE NO LATER THAN NOV. 7 AT 3PM.

Print Name: Nate Burley

Signature: Nate Burley Digitally signed by Nate Burley
Date: 2019.09.10 13:00:22 -04'00'

Title: Division Chief - Fire & Life Safety

Date: September 10, 2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- 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:	No additional precautions necessary.
Fee for Services	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins
Digitally signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, ou=Lee County Emergency Medical Services, Lee County Public Safety,
ou=Division Chief, Special Operations and Support Services, email=dhiggins@leegov.com, c=US
Date: 2019.09.19 14:51:08 -0400

Title: Division Chief

Date: September 19, 2019

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 on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2019.09.10 14:16:47 -04'00'

Title: Senior Project Manager

Date: Sept 10, 2019

Fair at Fenway-Jetblue - November 8-24, 2019

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:

All illumination must follow county ordinance and FAA regulations.

Parking Areas:

Event organizer must ensure that parking is restricted to designated areas and ensure that driveways and roadways remain accessible for emerging vehicles.

Special Arrangements:

Must coordinate event with both the Red Sox staff and the on-site Parks and Recreation staff. Must ensure all parking areas are clean and free of trash and debris at the conclusion of the event.

Print Name:

Kimberly Garrett

Signature:

Kimberly Garrett

Title:

Administrative Mgr.

Date:

9/25/2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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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.

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.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

September 10, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/06/19

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).

PRODUCER Allied Specialty Insurance, Inc 10451 Gulf Blvd Treasure Island, FL 33706 8002373355	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____												
INSURER(S) AFFORDING COVERAGE													
INSURED Fair Productions II, Inc. Fair Productions, LLC P.O. Box 70 Old Bethpage, NY 11747	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: T.H.E. Insurance Company</td> <td style="width: 20%;">NAIC # 12866</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: T.H.E. Insurance Company	NAIC # 12866	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: T.H.E. Insurance Company	NAIC # 12866												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			CPP0103317-06	04/14/19	04/14/20	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 ADDITIONAL INSURED: NEW ENGLAND SPORTS VENTURES, LLCX; N.E.S.V. I, LLC; N.E.S.V. II, LLX; N.E.S.V.IV LLC; LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND NESV FLORIDA REAL ESTATE LLC, BOSTON REDSOX BASEBALL CLUB, JET BLUE PARK, FT. MYERS, FL WITH RESPECTS TO NEGLIGENCE OF NAMED INSUREDS ONLY
 EFFECTIVE DATES: NOVEMBER 3 - 27, 2019

CERTIFICATE HOLDER LEE COUNTY BOARD OF COUNTY COMMISSIONERS <p style="text-align: center;">OK 09/10/2019 <i>Mike Joiner</i></p>	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 <i>Carol A Serra</i>
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/06/19

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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).

PRODUCER	Allied Specialty Insurance, Inc 10451 Gulf Blvd Treasure Island, FL 33706 8002373355	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: T.H.E. Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC # 12866	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPP0103317-06	04/14/19	04/14/20	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					\$
	DED		RETENTION \$				EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N		N/A				\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ADDITIONAL INSURED: NEW ENGLAND SPORTS VENTURES, LLCX; N.E.S.V. I, LLC; N.E.S.V. II, LLX; N.E.S.V.IV LLC; LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND NESV FLORIDA REAL ESTATE LLC, BOSTON REDSOX BASEBALL CLUB, JET BLUE PARK, FT. MYERS, FL WITH RESPECTS TO NEGLIGENCE OF NAMED INSUREDS ONLY
EFFECTIVE DATES: NOVEMBER 3 - 27, 2019

CERTIFICATE HOLDER	CANCELLATION
LEE COUNTY BOARD OF COUNTY COMMISSIONERS	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 <i>Carol A Serra</i>



1903 1912 1915 1916 1918 2004 2007 2013 2018

September 9th, 2019

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 8-24, 2019. The times for each day are as followed:

- November 1st -2nd, 2019 – Load In
- November 3rd – 7th 2019 Set up
- November 8th -24th, 2019 – Event/Fair 7:00am – 12:00pm
- November 25th - 30th, 2019 – 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,

Jay Fandel

Senior Manager, Florida Ballpark Operations | Boston Red Sox | JetBlue Park

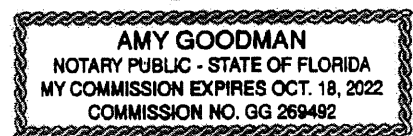
11500 Fenway South Drive | Fort Myers, FL | 33913

Phone: 239-226-4734 | Cell:239-989-7477

Email: jfandel@redsox.com

State of Florida County of Lee
 Subscribed and sworn to (or affirmed) before me
 this 9 day of September 2019
 By Jay Allen Fandel
 Personally known OR produced identification
 Type of identification produced FS34421604710

Notary Name Here, Notary Public
 My Commission Expires Oct 18, 2022





DELIVERY

Branch : FT. MYERS

BILL TO: Brian Schuman
 Fair Production LLC
 PO Box 70
 Old Bethpage NY
 11804
 516-369-2195
 Brian Schuman
 brian.schuman@gmail.com

DELIVER TO: 2018 Fair-General Public
 Jet Blue Stadium
 Daniels Parkway
 Ft Myers FL
 [Zip]
 Brian
 516-369-2195
 [Site Contact E-Mail]

TODAY'S DATE	SALESPERSON	JOB #	PO #	DELIVERY DATE	PICKUP DATE
10/04/2019	Jean			11/8/2019	11/25/2019
				EVENT DATE	EVENT TIME
				Multiple days	
				General Public	

QUANTITY	DESCRIPTION	SERVICE	UNIT PRICE	LINE TOTAL
-	BLU Standard	\	\$ -	\$ -
13	BLU John-Special	Special Event Service	\$ 45.00	\$ 585.00
-	BLU Half-Unit	\	\$ -	\$ -
1	BLU Enhanced Access	Special Event Service	\$ 75.00	\$ 75.00
-	TOI Fresh	\	\$ -	\$ -
-	TOI Water	\	\$ -	\$ -
-	Tag Along Sink-25 gal	\	\$ -	\$ -
-	Super Twin Sink-45 gal	\	\$ -	\$ -
-	Single Unit Trailer	\	\$ -	\$ -
-	Double Unit Trailer	\	\$ -	\$ -
4	Holding Tank - 250 Gallons	Special Event Service	\$ 75.00	\$ 300.00
-	Holding Tank - 300 Gallons	\	\$ -	\$ -
-	Non Potable Tank - 250 Gallons	\	\$ -	\$ -
-	Non Potable Tank - 330 Gallons	\	\$ -	\$ -
-	Containment Tray	\	\$ -	\$ -
-	LED Motion Light	\	\$ -	\$ -
-	Lift Kit	\	\$ -	\$ -
-	Hand Sanitizer	\	\$ -	\$ -
-	Hand Sanitizer Station	\	\$ -	\$ -
108	[Extra Services]		\$ 17.00	\$ 1,836.00
-	Loss and Damage Waiver	per unit	\$ 8.95	\$ -
0	Environmental Reclamation Fee	per unit	\$ 3.75	\$ -
Name On Card:			<input type="checkbox"/> Credit Card	SUBTOTAL \$ 2,796.00
Credit Card#:			<input type="checkbox"/> On Account	DELIVERY \$ 23.00
Exp Date:			<input type="checkbox"/> Check#	SALES TAX \$ 197.33
CVV#:				TOTAL \$ 3,016.33

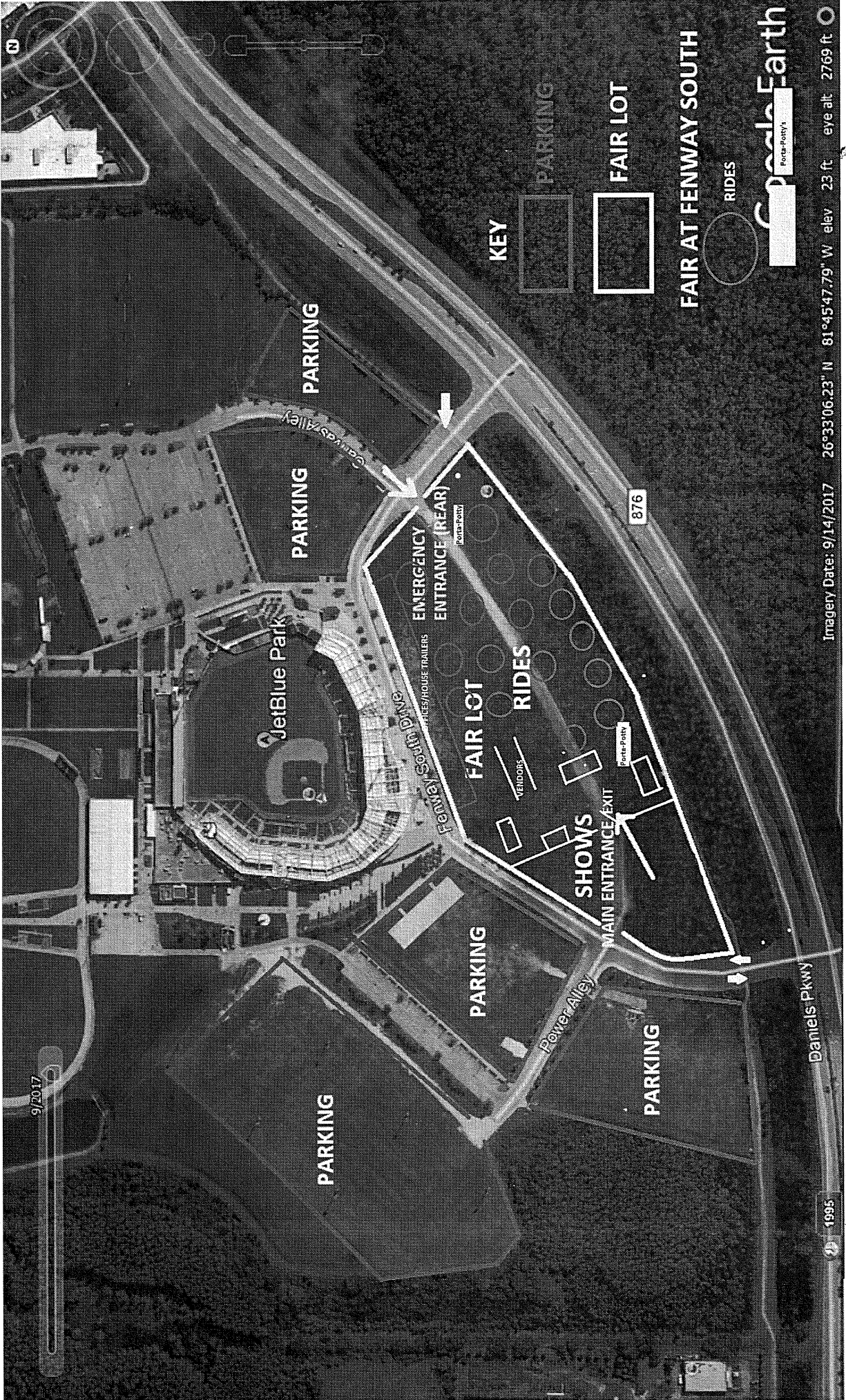
Comments/Special instructions: Service these units on 11-10, 11, 12, 16, 17 and 18 6 days x 18units =108 All services need to be finished early AM

FOR CSRS ONLY:

CUSTOMER #:

LOCATION #:

SERVICE #:



9/20/17

1995

Daniels Pkwy

876

FAIR AT FENWAY SOUTH

RIDES

Scale Earth
Porta-Party's

Imagery Date: 9/14/2017 26°33'06.23" N 81°45'47.79" W elev 23 ft eye alt 2769 ft