

# **EVENT PERMIT**



Ordinance 17-08

# PORKAPALOOZA, LLC

PERMIT NUMBER: TMP2022-00186

Date(s) of Event: JULY 9, 2022 FROM 9:00AM UNTIL 2:00PM

Property Owner:

LEE COUNTY

Applicant:

**BRETT RUDLAND** 

239-896-6015

Description:

FRIENDS FEEDING FRIENDS AND FAMILY FOR FREE, BBQ

Location of event:

19925 SANIBEL CSWY, FORT MYERS, FL NA

SANIBEL CAUSEWAY

Will the event be attended by 1000 or more people? No

Will the event be held on County Owned Property? Yes

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

Will a bond be posted for this event?

#### 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

Porkapalooza

TMP 2022-00186



## **Event Application**

# Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

SE USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Title of Event / Name of	Porkapalooza, LLC
Production	
Date(s) of Event / Production:	7/9/2022
Location(s) of Event:	Sanibel Causeway
Name of Applicant:	Brett Rudland
Applicant Address:	3859 Hidden Acres Cir. S North Fort Myers, FL
Applicant Phone Number:	239-896-6015
Contact Person:	
(If different from applicant)	Brett Rudland
Contact Phone Number: (If different from applicant)	239-896-6015
Email Address:	brett@tropicalisles.net
Estimated Attendance:	300
Event Description: Include each activity, when activities take place, etc.	Friends feeding friends and family for free. BBQ
Hours of Operation:	9AM to 2PM
STRAP # of Parcel:	094623 000000 20100
Owner of Premises*:	Lee County

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



What is the Zoning Classification of the	premises? commerical	
Are any temporary structures to be inst	alled for the event? 🔀 Yes 🔲 No	Type: Tent
Do you have the appropriate permits fo	or the temporary structures?	∏Yes 🔀 No
* For a 'Special Event' and 'Use of Counidentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	American Specialty Insurance	e & Risk Services, Inc
Note: Certificate of Insurance must be submitted	· · · · · · · · · · · · · · · · · · ·	
Surety Company Bonding this Event (Na	ame and Address):	
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?
☐ Yes	⊠ Yes	Yes No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	orkapalooza	
Type of Food being Served: BBQ		
Section II - USE OF COUNTY PROOF Organization Sponsoring the Event:		
	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cour	•	Yes X No
	Only non-profit organizations can sell alcohol on County	Property.
Non-profit certificate/registration numl (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida D further details	Division of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-0885 for



Type of Production (choose all th	nat apply):				
TV Movie or Special	☐ TV Series / Pilot		TV Commercial	☐ St	ill Photos
Public Service Announcemer	nt 🔲 Industrial / Documentary	X	Other: BBQ	150	·
Will any of the following be need	ded or included*?				
Street Closure			☐ Yes 🔯	No	
Traffic / Crowd Co	ntrol		☐ Yes 🔀	•	
Fire or Burning			☐ Yes	•	
Explosives or Pyro	technics		☐ Yes 🔀		
Animals, Large or	Small		☐ Yes 🔀		
Construction of Ar	y Kind		☐ Yes 🔀		
Large and/or Num	erous Vehicles		☐ Yes 🔀	No	
Helicopters, Boats	, etc.		☐ Yes 🔀		
Stunts		٠	☐ Yes 🔀	No	
Other			☐ Yes 🔯	No	
Special Parking Requirements:					
none				***	
City or County Services Require	ed: (Personnel, equipment, faciliti	es, etc	.)		
none		,,,,_			
The following information is rethe industry. If exact figures are	quired for local and state records e not available, please estimate as	on pro closel	duction in Florida y as possible.	to track t	the economic impact o
Number in Cast:	Number in Crew:		Number of	locals hire	d;
Total budget:	Estimate amount spe	nt in Le	e County:		
Hotel room nights:	Number of shooting of	days:	<del></del>		
number of rooms:	number of nights		<u> </u>		



#### **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.

his/her knowledge.	·····
Signature of Applicant	Eysu Dauchi
Signature of Applicant	Witness
Brett Rudland	Susie Bianchi
Print Name of Applicant and Title	Print Name of Witness
6/9/22	1,10/27
Date	Date



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

Check the appropr	iate box(es) below:	
☐ SPECIAL E	VENT PERMIT	
E USE OF CC	DUNTY PROPERTY PERMIT	
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERN	MIT	
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO LICANT TO COMPLY WITH FOR THEIR EVENT.	٨
Parking:	Parking for the event will be in authorized areas only. Right of way must not be impeded.	
Deputies (How Many?):	None are required for this event.	
Fee for Services:	None	
	None	
Special Arrangements:	Traffic should not be impeded in any way. Vendor will be responsible for securing and placing barricades/cones at all point of access surrounding the event area in order to keep pedestrian foot traffic seperate from vehicle traffic. According to the permit application, alcohol will not be available for consumption during event. If traffic is found to disrupt the normal flow of traffic extra duty detail deputies may be required at the applicants expense. Any amplified sounds must adhere to the Lee County Noise Ordinance.	
	Print Name: Captain S Brady Signature:	
	Title: Special Events, Permits and Details	
	Date: $\frac{6/23/22}{6/23/22}$	



#### 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.

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the appropriate box(es) below:

**■ SPECIAL EVENT PERMIT** 

**▼** USE OF COUNTY PROPERTY PERMIT

☐ FILM PERM	IIT	
AFTER REVIEWING THE A ORGANIZATION WILL REC	PPLICATION, PLE QUIRE THE APPLI	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	None	
Fee for Services:	None	
Flammable Vegetation:	N/A	
First Aid Equipment:	N/A	
Fire Extinguishing:		d ABC extinguisher
Special Arrangements:	N/A	
	Print Name: Signature: Title: Date:	William L Briscoe  William L Briscoe  Fire Chief  06/22/2022



# 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
- 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	y.					
Medical Supplies / Equipment:	None necessar	y.					
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.						
Fee for Services	Not applicable.						
Special Arrangements:		in the event of an emergency. To arrange special event act our office at EMSDetail@leegov.com.					
	Print Name:	Douglas B. Higgins					
	Signature:	Douglas B. Higgins Option street by Douglas B. Hoggins and the Country Emergency Marked Section Sectio					
	Title:	Division Chief, Support Services					
	Date	June 22, 2022					



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

Check the appropri	ate box(es) be	low:		
☐ SPECIAL E\	• •			
,	UNTY PROPERTY	' PFRMIT		
•			ERAGES WITHIN LEE COUNT	V FΔCII ITIES
FILM PERN			Elli (OLO III (IIII ELL OCOIII)	THOILITIES
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AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, F LICANT TO COMF	PLEASE INDICATE BEL PLY WITH FOR THEIR E	OW WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Doubing.				
Parking:	No event parking v	within fifteen (15) feet of t	he Sanibel Causeway roadway.	
Ingress and Egress:	Use all established	means of ingress and eg	ress.	
Special Arrangements:	Subject to use of L	.CSO for traffic control if r	equired as a condition of the Cour	nty's permit issuance.
	Print Name:	Bryan Miller		
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2022.06,20 07:58:01 -04'00'	

Senior Project Manager

June 22, 2022

Title:

Date:



# LEE COUNTY PARKS AND RECREATION

	•	FORT MYERS,FLORIDA33916 (239) 533-7275
Check the appropr	iate box(es) be	elow:
X  SPECIAL E	VENT PERMIT	
X  USE OF CO	OUNTY PROPERTY	Y PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
T FILM PERI	MIT	
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, I PLICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
illumination:	lighting to safely s	s no lighting, therefore the event organizer will need to provide enough temporary et up and secure the event and parking area. Lighting should not interfere or be straveling on the Causeway Road.
Parking Areas:	safety,	e in designated areas. Entrances and exit should not be blocked
Special Arrangements:	event organizers w event, Litter cont Potties are reco	vill coordinate set up and work with on-site park staff to ensure a safe and successful trol should be monitored and addressed by event volunteers. Port-o mmended.
	Print Name; Signature; Title: Date;	Colleen Via  Lecter Una  Operations Manager  6/24/2022
	~~~/	

Causeury-Portapalossa-Pag Page |10



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

Check	the	appropri	ate i	box(	es)	bel	ow:
	区	SPECIAL EV	/ENT	PERI	MIT		

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

ZATION

	<u> </u>	PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name: Signature: Title:	Risk Program Manager
	Date:	June 21, 2022



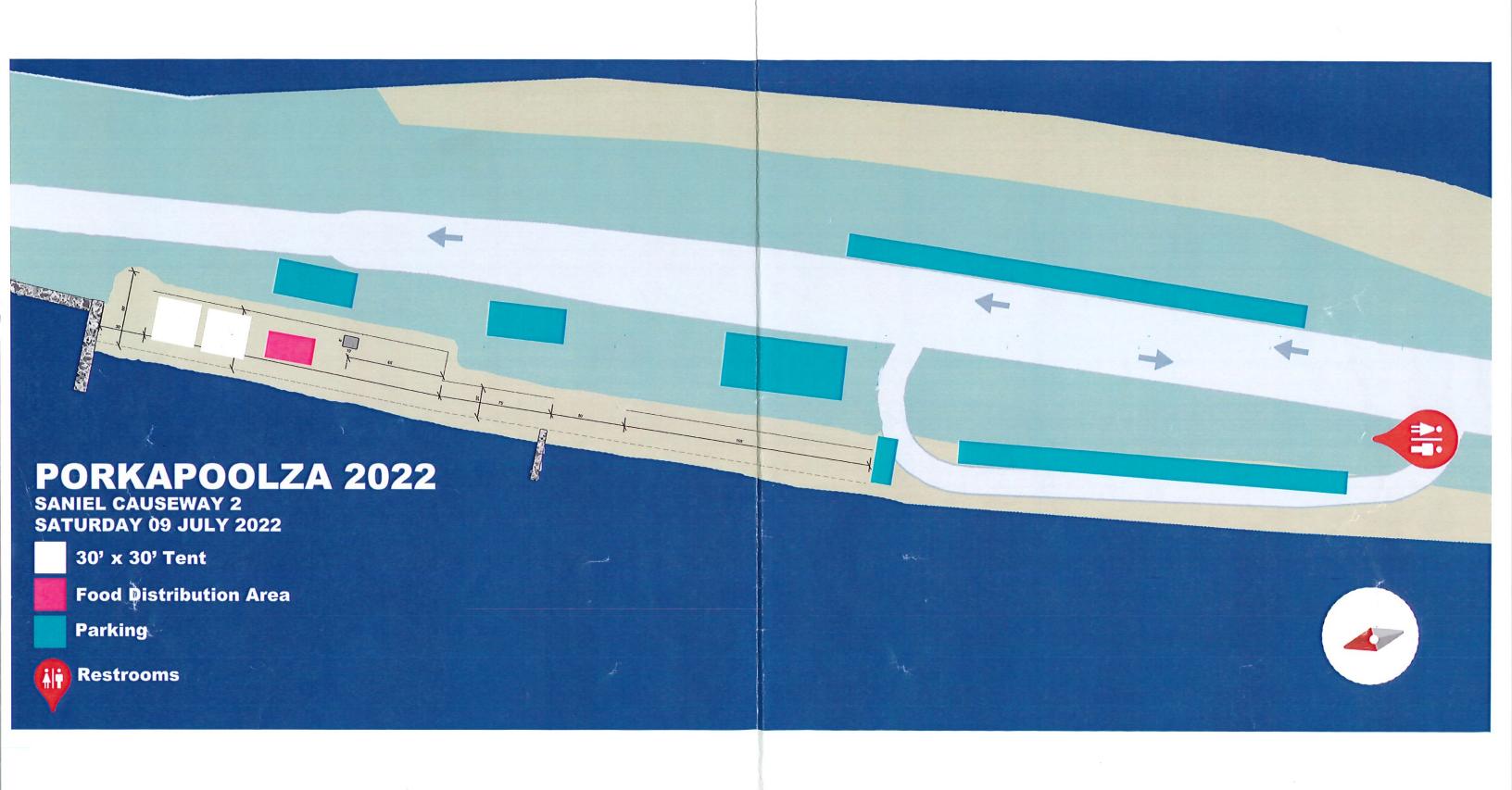
#### CERTIFICATE OF LIABILITY INSURANCE

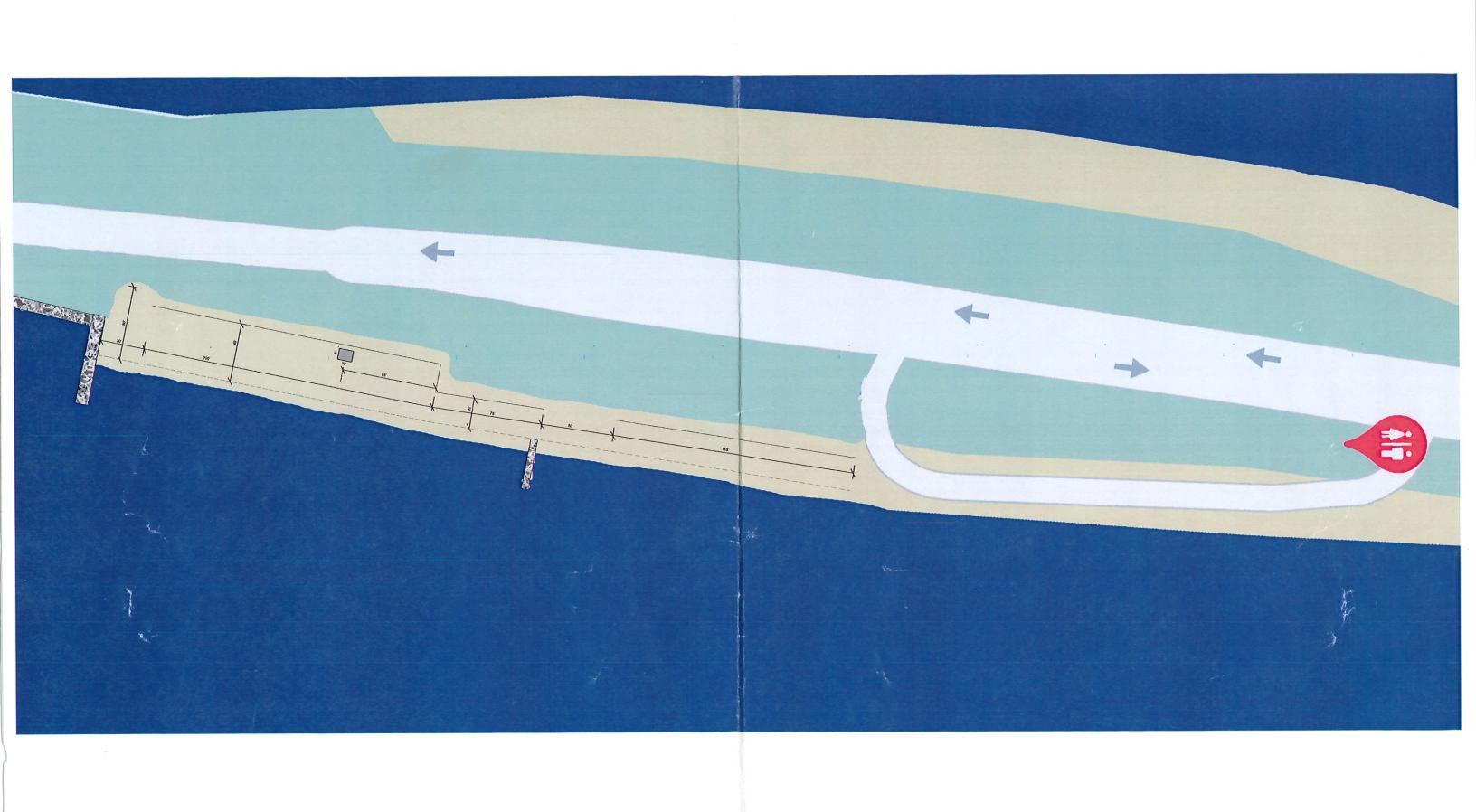
DATE (MM/DD/YYYY) 06/21/2022

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).

PRODU	rep								
PRODUCER			CONTACT NAME: PHONE						
Amen	ican Specialty Insurance & Risk Servi	ces,	ınc.		PHONE   FAX   (A/C, No., Ext): (A/C, No.):				
7000	14. 1. // PU 1 PU 1 PU 1 PU				E-MAIL ADDRESS;				
7609 W. Jefferson Blvd., Suite 100									NAIC#
	Vayne			IN 46804	INSURER A: Arch Insurance Company 11150				11150
INSURE					INSURER B:				
	palooza LLC				INSURE	RC:			
3859 F	lidden Acres Circle S				INSURE	RD:			
					INSURE	RE:			
North I	Fort Myers	F	L 33	3903	INSURE	RF;			
				NUMBER: 1002004286				REVISION NUMBER:	
THIS	IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV	Æ BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR THE PO	LICY PERIOD
CER	CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY I	QUIF	KEME:	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER E	OCUMENT WITH RESPECT TO	WHICH THIS
EXC	LUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY I	PAID CLAIMS.	HEREIN IS SUBJECT TO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY	HOD	1140	TOLIOT NORDER		(HIMODO) I I I I I	(MM/DD/1111)		000,000
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<u> </u>	POLICY JECT LOC						}		000,000
	OTHER: UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT e	
F	ANY AUTO							(Ea accident)	*******
$\vdash$	OWNED SCHEDULED							BODILY INJURY (Per person) \$	
-	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$	
-	AUTOS ONLY AUTOS ONLY					1		PROPERTY DAMAGE (Per accident) \$	
								\$	
<u> </u>	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
144	DED RETENTION\$							\$	
	ORKERS COMPENSATION  ID EMPLOYERS' LIABILITY						Į	PER OTH- STATUTE ER	
AN	PROPRIETOR PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					į	E.L. EACH ACCIDENT \$	
(M	andatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	
DE	res, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may b	attached if more	space is require	d)	
- The	Certificate Holder shall be an Addition	al In	sured	i, but only with respect to the	ne oper	ations of the I	Named Insure	d, and subject to the provision:	s and
limitat	ions of Form CG 2026 Additional Inst	ired -	Desi	gnated Person or Organiza	ation, b	ut only with re	spect to POR	KAPALOOZA on July 09, 2022	2.
				OK 06/21	/2022	<u>)</u>			
				7					
				Miles	Liga	· · · · · · · · · · · · · · · · · · ·			
CERT	IFICATE HOLDER				CANC	ELLATION			<b>.</b>
ree Co	ounly Board of County Commissioners	3			SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CANCEI	LED BEFORE
					THE	EXPIRATION	DATE THE	REOF, NOTICE WILL BE DI	
					AUC	OKDANUE WI	IN THE POLIC	Y PROVISIONS.	
P.O. B	ox 398				AHTHO	RIZED REPRESEI	STATIVE		
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Fort M	yers	F	L 33	902			1)	new Smit	
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