

EVENT PERMIT



Ordinance 17-08

National Kidney Foundation Fort Myers Kidney Walk

PERMIT NUMBER: TMP2023-00296

Date(s) of Event: March 5, 2023

Property Owner:

LEE COUNTY

Applicant:

SAVANNA LANZA

407-894-7325

Description:

Joesph Karan 40milg4walk5with announcements and awards at Lakes Park on March 5, 2023 from

8:30AM until 10:00AM

Location of event:

7330 GLADIOLUS DR, FORT MYERS, FL 33908

Lakes Park

Will the event be attended by 1000 or more people?

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

No

County Manager

Date

ftmpprmt_specialevent.rpt

(Duc FEB 5th)



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

National Kidney Foundation-Fort Myers Kidney Walk

TMP2023-00294



Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- F 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 | National Kidney Foundation Fort Myers Kidney Walk |
| Date(s) of Event / Production: | MARCH 5th 2023 |
| Location(s) of Event: | Lakes Regional Park / A1 and D1 Pavilians |
| Name of Applicant: | Micala Cunningham / National Kidney Foundation of FL |
| Applicant Address: | 5756 S. Semoran Blvd Orlando FL 32822 |
| Applicant Phone Number: | 407-894-7325 |
| Contact Person: (If different from applicant) | Joesph Karan |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | Jkaran@kidneyfla.org / Mcunningham@kidneyfla.org |
| Estimated Attendance: | 250 |
| Event Description: Include each activity, when activities take place, etc. | Non-competitive fundraiser with morning announcements and registration from 8:30-10:00am, 2 mile walk through the park at 10 am, and awards at 10: 30am |
| Hours of Operation: | 8:00-11 |
| STRAP # of Parcel: | |
| Owner of Premises*: | |

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



| What is the Zoning Classification of th | e premises? | |
|--|---|---|
| Are any temporary structures to be in: | stalled for the event? X Yes No | Type: 10 x 10 Tents |
| Do you have the appropriate permits f | for the temporary structures? | ┌ Yes |
| * For a 'Special Event' and 'Use of Cou identified, including all parking areas. Insurance Company Insuring the Even Note: Certificate of Insurance must be submitted | | h all proposed facilities and activities |
| Surety Company Bonding this Event (I | Name 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 │ │ │ |
| 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: | | |
| Type of Food being Served: | | |
| Section II - USE OF COUNTY | PROPERTY PERMIT | |
| Organization Sponsoring the Event: | National Kidney Founda | tion of Florida |
| Section III - SALE/CONSUME | PTION OF ALCHOLIC BEVERAGES F | PERMIT |
| Is alcohol being sold/consumed on Co | ounty Property? ed. Only non-profit organizations can sell alcohol on Count | X Yes X No y Property. |
| Non-profit certificate/registration nu (Required if alcohol is to be <u>SOLD</u> at the event) | mber: | |
| Please note: A permit from the State of Florid | la Division of Alcoholic Beverages and Tobacco may | also be required; please call (239) 344-0885 for |

further details



| Type of Production (choose | all that apply): | | | | | | | |
|------------------------------|--------------------------|------------------------|---------------------|---------------|-----------------|---------|----------------|--------------|
| TV Movie or Special | ☐ TV Se | eries / Pilot | Γ | TV Comme | ercial | Г | Still Photos | |
| Public Service Announce | ement Indus | trial / Documentary | Γ | Other: | | | | |
| Will any of the following be | needed or include | ed*? | | | | | | |
| Street Closure | 9 | | | [Yes | X | No | | |
| Traffic / Crow | d Control | | | ┌ Yes | × | No | | |
| Fire or Burnin | ıg | | ┌─ Yes | X | No | | | |
| Explosives or | Pyrotechnics | ┌─ Yes | X | No | | | | |
| Animals, Larg | e or Small | ┌ Yes | X | No | | | | |
| Construction | of Any Kind | ┌ Yes | X | No | | | | |
| Large and/or | Numerous Vehicle | | ┌ Yes | X | No | | | |
| Helicopters, E | Boats, etc. | ┌── Yes | X | No | | | | |
| Stunts | | | | ┌ Yes | X | No | | |
| Other | | | | Yes | Γ | No | | |
| Special Parking Requirem | ents: | | | | | | | |
| City or County Services Re | | | | | Florid | a to t | rack the econo | mic impact o |
| the industry. If exact figur | res are not availab | ole, please estimate a | s on pr as close | ely as possib | Florida ole. | a to t | rack the econo | mic impact o |
| Number in Cast: | | Number in Crew: | | Nui | mber o | f local | s hired: | |
| Total budget: | | Estimate amount sp | ent in l | ee County: | | | | |
| Hotel room nights: | | Number of shooting | g days: | | | | | |
| number of | f rooms x number of nigh | nts | | | - | | | |



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.

Signature of Applicant

Print Name of Applicant and Title

Print Name of Witness



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

| Check the appropri | ate box(es) below: |
|-----------------------|---|
| ┌─ SPECIAL EV | ENT PERMIT |
| TX USE OF CO | UNTY PROPERTY PERMIT |
| F PERMIT TO | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| ┌─ FILM PERM | π |
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT. |
| 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 |
| Special Arrangements: | Race route will remain within the confines of the park. Any amplified sounds must adhere to Lee County's noise ordinance. |
| | Print Name: Pavid M. Lebid Signature: Cpt. David M. Jelid Title: Tactical Support Unit Date: 1/12/23 |



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:

FILM PERMIT

□ USE OF COUNTY PROPERTY PERMIT

| AFTER REVIEWING THE WILL REQUIRE THE APPL | | | OW WHAT ARRANGEMENTS | YOUR ORGANIZATION |
|---|-------------|---------------------------|--|-------------------|
| Fire Guards (How Many?) | N/A | | 3 | |
| Fee for Services: | N/A | | | |
| Flammable Vegetation: | N/A | | | |
| First Aid Equipment: | CALL 911 | | | |
| Fire Extinguishing: | N/A | 4 | | |
| Special Arrangements: | N/A | | | |
| | Print Name: | Nate Burley | | - |
| | Signature: | Nate Burley | Digitally signed by Nate Burley Date: 2023.02.08 15:09:51 -05'00' | _ |
| | Title: | Division Chief - Fire & I | _ | |
| | Date: | February 8, 2023 | | - |



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

| Check the appropria | te box(es) belov | v: | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| ☐ SPECIAL EV | ENT PERMIT | | | | | | | | | |
| □ USE OF COU | UNTY PROPERTY P | ERMIT | | | | | | | | |
| □ PERMIT TO | SELL AND CONSU | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | | | |
| FILM PERM | IIT | | | | | | | | | |
| | | ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR FANT TO COMPLY WITH FOR THEIR EVENT. | | | | | | | | |
| Treatment Facilities: | None necessary. | | | | | | | | | |
| Medical Personnel: | None necessary. | | | | | | | | | |
| Medical Supplies / Equipment: | None necessary. | | | | | | | | | |
| Safety Requirements: | Orders concerning | 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 eople congregating at the event. | | | | | | | | |
| Fee for Services | Not applicable. | | | | | | | | | |
| Special Arrangements: | Please call 911 in t office at EMSDetai | the event of an emergency. To arrange special event coverage, contact our l@leegov.com. | | | | | | | | |
| | Print Name: | Douglas B. Higgins | | | | | | | | |
| | Signature: | Douglas B. Higgins Distancy signed by Douglas B. Higgins Dit con Douglas B. Higgins of Lee County Emergency Medical Sopretions and Support Services, em all refrigings (Spreagon com, crus) Special County Emergency Medical Special County Eme | | | | | | | | |
| | Title: | Division Chief, Support Services | | | | | | | | |
| | Date: | January 17, 2023 | | | | | | | | |



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS, FL 33901 (239) 533-8580

| Check the appropri | ate box(es) be | low: | | | | | | |
|-----------------------|---|--|--|--|--|--|--|--|
| <i>i</i> —. | UNTY PROPERTY SELL AND CONS | PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | |
| | | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. | | | | | | |
| Parking: | No event parking permitted on Lee County maintained road rights-of-way. | | | | | | | |
| Ingress and Egress: | Use all established means of ingress and egress. | | | | | | | |
| Special Arrangements: | None. | | | | | | | |
| | Print Name: Signature: | Bryan Miller Bryan Miller Digitally signed by Bryan Miller Date: 2023.01.09 12:32:26 -05'00' | | | | | | |
| | Title: | Senior Project Manager | | | | | | |
| | Date: | January 9, 2023 | | | | | | |



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

| Cneck the appropri | iate pox(es) pe. | IOW; |
|-------------------------|---|---|
| ☐ SPECIAL E | VENT PERMIT | |
| 区 USE OF CO | DUNTY PROPERTY | PERMIT |
| PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| ┌┐ FILM PERN | MIT | |
| | | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| llumination: | Event organizer m | ust provide own lighting if needed to safely run the event. |
| | | |
| | J | |
| Parking Areas: | | t 7:00am to the designated parking areas inside Lakes Park. All vehicles with the event are y their event parking pass. |
| | | |
| Special Arrangements: | and first aid station directional signs (I Race course must I Banners may be hu All trash and event | responsible for set up and break down of the race route/event signs, drink stations ns. No painting or temporary markings allowed on the roads or pathways. Removable E: survey flags, wire frame signs and cones) are permitted. be cleaned and cleared by 10 am. ung at your designated Pavillons. t debris must be cleaned up and removed prior to checking out with staff. s or vehicles permitted on the pathways. |
| | | |
| | Print Name: | Collegn VIa |
| | | |
| | Signature: | Ciller Via |
| | Title: | Operations Manager |
| | Date: | 1/13/2023 |
| | | |
| Lakes PK - Fting | yers Kidney L | Int K |
| Lakes PK - Ftill 315/20 | rd3 | Page 10 |



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

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 | | | | | | | | | | |
|--|--------------------|---|--|--|--|--|--|--|--|--|
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. | | | | | | | | |
| Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,00 occurrence to protect against bodily injury and/or property damage relative to applicants us aforementioned event within Lee County. Certificate Must Read As: Lee County, a political subdivision and Charter County of the State of Florida, its agents, empand public officials are automatic additional insureds and includes an automatic waiver of su with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability. | | | | | | | | | | |
| Special Arrangements: | political subdivis | surance shall be submitted as evidence of the required coverage listing Lee County, a on and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as der and as an additional insured as listed above. of insurance. | | | | | | | | |
| | Print Name: | Mike Figueroa | | | | | | | | |
| | Signature: | Phike frim- | | | | | | | | |
| | Title: | Risk Program Manager | | | | | | | | |
| | Date: | January 24, 2023 | | | | | | | | |
| | | | | | | | | | | |

Certificate No



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/18/2023

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. CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), 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)

| certificate does not comer rights to | o the certificate noticer in fied of a | such endorsemen | ιησ). | | | | | | | | |
|--|--|-----------------|--------------------------|---------------------------------|-----------------------------|-------|--|--|--|--|--|
| PRODUCER | -1 and da | | CONTACT NAME: | | | | | | | | |
| Aon Risk Services, Inc of F 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA | ·iorida | | PHONE (A/C. No. Ext): | (866) 283-7122 | FAX (A/C. No.): (800) 363-0 | 105 | | | | | |
| | | | E-MAIL ADDRESS: | | | | | | | | |
| | | | | INSURER(S) AFFORDING O | COVERAGE | NAIC# | | | | | |
| INSURED | | | INSURER A: | ERA: Pacific Indemnity Co | | | | | | | |
| National Kidney Foundation, 30 E 33rd St | Inc. | | INSURER B: | Federal Insurance C | 20281 | | | | | | |
| New York NY 10016 USA | | | INSURER C: | URER C: Technology Ins Co, Inc. | | | | | | | |
| | | | INSURER D: | | | | | | | | |
| | | | INSURER E: | | | | | | | | |
| | | | INSURER F: | | | | | | | | |
| COVERAGES | CERTIFICATE NUMBER: | 57009743277 | 6 | REVISIO | N NIIMBER: | | | | | | |

| _ | | | | | | | | | | REVIOLON NOMBER | | | | | | | | | | | | |
|---|-------------|----------|----------|---------|--------|----------|-------|---------|----------|-----------------|------|----------|------|-------|---------|--------|--------|--------|------|--------|------|------|
| | THIS IS TO | CERTIFY | THAT THE | POLICIE | S OF | INSURAN | NCE | LISTED | BELOW | HAVE | BEE | N ISSUED | TO | THE I | NSURED | NAMED | ABOVE | FOR | THE | POLICY | PER | RIOD |
| | INDICATED. | NOTWITHS | STANDING | ANY RE | QUIREN | MENT, TI | ERM | OR C | ONDITION | I OF | ANY | CONTRAC | T C | R OTI | HER DO | CUMENT | WITH | RESPE | CT T | TO WHI | CH T | THIS |
| | CEDTICICATO | MAY DE | ICCLIED | OD MAN | DEDT | AIM THE | IAI = | CLIDANI | TE ACEO | DDED | DV 7 | THE DOLL | CIEC | DECC | DIDED I | IEDEIN | ic cup | IFOT T | TO A | 11 THE | TED | 1110 |

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested ADDL SUBR INSD WVD POLICY EFF POLICY EXP POLICY NUMBER TYPE OF INSURANCE LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 07/01/2022 07/01/2023 35956197 COMMERCIAL GENERAL LIABILITY FACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED X OCCUR \$1,000,000 CLAIMS-MADE PREMISES (Ea occurrence) MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$2,000,000 PRO-JECT POLICY \$2,000,000 Loc PRODUCTS - COMP/OP AGG OTHER 07/01/2022 07/01/2023 7357-64-39 В COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 (Ea accident) BODILY INJURY (Per person) ANY AUTO SCHEDULED BODILY INJURY (Per accident) OWNED AUTOS AUTOS ONLY HIRED AUTOS PROPERTY DAMAGE NON-OWNED (Per accident) AUTOS ONLY 07/01/2022 07/01/2023 79877133 EACH OCCURRENCE \$10,000,000 X UMBRELLA LIAB OCCUR AGGREGATE \$10,000,000 EXCESS LIAB CLAIMS-MADE X DED RETENTION X PER STATUTE WORKERS COMPENSATION AND TWC4115988 07/01/2022 07/01/2023 ОТН **EMPLOYERS' LIABILITY** YIN ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$1,000,000 E.L. EACH ACCIDENT N NIA \$1,000,000 E.L. DISEASE-EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT \$1,000,000

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

RE: Kidney Walk on 3/5/23 at Lakes Regional Park 7330 Gladiolus Dr., Fort Myers, FL 33908. Lee County Board of County Commissioners is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

OK 01/24/2023

CERTIFICATE HOLDER

CANCELLATION

AUTHORIZED REPRESENTATIVE

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

Lee County (A political subdivision and Charter County of the State of FL) Attn: Lee County Board of County Commissioners 7330 Gladiolus Dr

Fort Myers FL 33908 USA

Aon Pish Services Inc. of Florida



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 sald permit.

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

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

Signature of Applicant

Witness

Micala Cunningham
Print Name of Applicant and Title

Print Name of Witness

10/11/2022

Date

Date