

EVENT PERMIT



Ordinance 17-08

Boca Grande Area Chamber of Commerce Annual Christmas Walk

PERMIT NUMBER:

TMP2023-01226

Date(s) of Event:

November 25, 2023

Property Owner:

LEE COUNTY

Applicant:

GARY CROSS

941-964-0568

Description:

Annual Christmas Walk 5th St to 3rd St and 4th St from E Railroad Ave to Gilcrest Ave

on November 25, 2023 from 5:00PM until 8:00PM

Location of event:

131 - 135 1ST ST W, BOCA GRANDE, FL 33921

131-135 1st St W -ROW

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?

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

Boca Grande Area Chamber of Commerce Annual Christmas Walk

TMP2023-01226



Event Application

Check the appropriate box(es) below:

- F SPECIAL EVENT PERMIT
- $_{i}$ 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	Boca Grande Area Chamber of Commerce Annual Christmas Walk
Date(s) of Event / Production:	11/25/23
Location(s) of Event:	5th Street to 3rd St and 4th street from E railroad Ave to Gilcrest Ave
Name of Applicant:	Gary Cross
Applicant Address:	471 Park Ave (PO Box 704) Boca Grande, FL 33921
Applicant Phone Number:	941-964-0568
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	info@bocagrandechamber.com
Estimated Attendance:	500
Event Description: Include each activity, when activities take place, etc.	All the business stay open later allowing everyone to shop down town.
Hours of Operation:	5-8pm
STRAP # of Parcel:	14-43-20-01-00005.0010
Owner of Premises*:	Lee County BoCC

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



What is the Zoning Classification of the premises? County Right of Way
Are any temporary structures to be installed for the event? \(\text{Yes} \) \(\text{X} \) No \(\text{Type:} \)
Do you have the appropriate permits for the temporary structures?
* 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: Italiano Insurance
Note: Certificate of Insurance must be submitted at time of application
Surety Company Bonding this Event (Name and Address):
Will Vehicles be Used as Part of This Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?
┌Yes ৷▼No └Yes ৷▼No └Yes ৷▼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:
Type of Food being Served:
Section II - USE OF COUNTY PROPERTY PERMIT
Organization Sponsoring the Event: Boca Grande Area Chamber of Commerce
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



ype of Production (choose all that apply):						
TV Movie or Special TV	Series / Pilot	Γ	TV Commercial	Γ	Still Photos	
Public Service Announcement Indi	ustrial / Documentary	Γ	Other:			
Nill any of the following be needed or inclu	ıded*?					
Street Closure			▼ Yes 「	No		
Traffic / Crowd Control			┌ Yes ┌	No		
Fire or Burning			├ Yes ├	No		
Explosives or Pyrotechnics			┌ Yes ┌	No		
Animals, Large or Small			┌ Yes ┌	No		
Construction of Any Kind			┌ Yes ┌	No		
Large and/or Numerous Vehi	icles		┌ Yes ┌	No		
Helicopters, Boats, etc.			┌ Yes ┌	No		
Stunts			┌ Yes ┌	No		
Other			┌ Yes ┌	No		
Special Parking Requirements:						
City or County Services Required: (Person The following information is required for			,	a to tra	ck the economic	is impact of
the industry. If exact figures are not available	able, please estimate as	close	y as possible.	. 10 11 d	er the economi	e impact of
Number in Cast:	Number in Crew:		Number of	locals I	nired:	
Total budget:	Estimate amount spen	nt in Le	e County:			
Hotel room nights:	Number of shooting d	ays:				
number of rooms x number of ni	ights					



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	Witness Witness
Gary Cross	Dewey Atchison
Print Name of Applicant and Title	Print Name of Witness
11/07/2023	11/07/2023
Date	Date



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

Check the appropria	te box(es) belo	pw:
F SPECIAL EVE	ENT PERMIT	
□ USE OF COL	JNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	Т	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P ICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Parking for event will	be in authorized areas only & right-of-way must not be impeded.
,		
Deputies (How Many?):	One detail deputy to	assist with road closure as well as security and presence while event takes place.
	¥	,
Fee for Services:	Contact LCSO Detai	ls Unit
Special Arrangements:	Vendor will hire 1 de for road dosures, Ac	puty to monitor traffic concerns and golf carts. Vendor will be providing barricades and signage cording to the permit application no alcohol will be served during the event.
	1 0 m 10 0 0	
	Print Name:	P Cummins
	Signature:	
	Title:	COMMANDER
	Date:	



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	appropri	ate boxle	s) helow
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- F SPECIAL EVENT PERMIT
- IX 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.

Class Consult Vita			
Fire Guards (How Many?)		None	
Fee for Services:			-
		None	
Flammable Vegetation:			
		None	
First Aid Equipment:			
		None	
Fire Extinguishing:			
1			
ŀ		None	
pecial Arrangements:	***************************************		******
1			
1		In case of emergency - Dial 911	
l			
	Print Name:	C.W. Blosser	
	Signature:	CBL	
	Title:	Fire Chief	
	Date:	11/9/2023	

Page ; 7



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

Check the appropriate box(es) below:

- F 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.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	Applicants shall fol Orders concerning people congregation	llow all CDC and FDOH directives, and the Florida Governor's Executive health and safety, especially with regards to COVID-19 and the number of at the event.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in office at EMSDetai	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Digitally signed by Captain Douglas B Higgins Date 2023 11 13 12 42 27 -05'00'
	Title:	Captain, EMS Operations
	Date:	November 13, 2023



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

	/ENT PERMIT UNTY PROPERTY SELL AND CONS	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, F LICANT TO COMF	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking i	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all esta	olished means of ingress and egress.
Special Arrangements:		nty Sheriff's Office for assistance with traffic control and road closures as needed. access and public vehicular access shall be maintained on all surrounding Lee County
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Date: 2023.11.13 09:36:58 -05'00'
	Title:	Project Manager
	Date:	11/13/2023



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

Check the appropria	te box(es) belo	w;
SPECIAL EVE	ENT PERMIT	
☐ USE OF COL	JNTY PROPERTY I	PERMIT
		ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMP	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	N/A	
Parking Areas:	N/A	
Special Arrangements:	N/A - Event Is not o	n Parks and Rec property and will not affect county park operations or programs.
	Print Name:	Colleen Via
	Signature:	Collee tha
	Title:	Operations Manager
	Date:	11/14/2023
Boea - Christin	es walk	Page 10
1/20/23		



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

Check the appropriate box(es) below:

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nty, a as
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KTORRES

DATE (MM/DD/YYYY)

11/9/2023

CERTIFICATE OF LIABILITY INSURANCE

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). CONTACT NAME: Italiano Insurance Services, Inc. PHONE (A/C, No, Ext): (941) 964-0400 FAX (A/C, No): (941) 964-0595 PO Box 1406 Boca Grande, FL 33921 E-MAIL ADDRESS: boca@italianoinsurance.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Mt. Vernon Fire Ins. Co INSURED INSURER B: **Boca Grande Chamber Of Commerce** INSURER C: P O Box 704 INSURER D: Boca Grande, FL 33921 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY 1.000,000 **EACH OCCURRENCE** 100,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) NBP2550369L 10/13/2023 10/13/2024 X 5,000 MED EXP (Any one person) PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO \$ BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-SWNED **UMBRELLA LIAB OCCUR** EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder has been named as additional insured with regards to 11/25/23 Christmas Walk event per attached endorsement#BP04480106. If there are over 250 attendees, this certificate is null and void. OK 11/14/2023 CERTIFICATE HOLDER 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. Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33912 AUTHORIZED REPRESENTATIVE

