

# Event Permit



**Event Name:**

Rockin' the Point - Concert Series at Coconut Point Mall

**Applicant:**

McQuaid Marketing & Promotions LLC

**Contact:**

Nicholas J. Jankowski 239.300.4880 x200

**Location:**

Coconut Point Mall, 23106 Fashion Drive

**Valid only for the Following date(s):**

11/8/14, 12/13/14, 1/10/15, 2/14/15, 3/14/15, 4/11/15

**Valid only for the Following Time(s):**

5:00 pm to 9:00 pm

**Permit Number**

14-11415SE

**Permit Type**

- Special Event
- Use of County Property
- Sell & consume Alcohol
- Consume Alcohol only
- Film Permit

**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.
- This permit is to be readily available for inspection during the entire event.
- County-issued alcohol permits: Alcoholic beverages must not be sold/consumed 1½ hours prior to the conclusion of the event & vacating the facility.

Board of County Commissioners  
Lee County, Florida

  
\_\_\_\_\_  
County Manager

  
\_\_\_\_\_  
Date

**Special Events Permit Application  
Invoice**



Date: 10/21/2014

Prepared for:  
McQuaid Marketing & Promotions LLC  
464 Bayfront Place  
Naples, FL 34102  
Attn: Nicholas J. Jankowski

Lee County BoCC  
2115 Second Street, 1<sup>st</sup> Floor  
Fort Myers, FL 33901  
[specialevents@leegov.com](mailto:specialevents@leegov.com)

**DESCRIPTION OF PERMIT APPLICATION:**

Rockin' the Point – Concert Series at Coconut Point Mall 11/8/14, 12/13/14, 1/10/15, 2/14/15, 3/14/15, 4/11/15

**CHARGES:**

Special Event Permit Application Fee: \$75.00  
Late Fee (\$5 per Business Day past 30 day Cut-off): \$25

**INVOICE TOTAL: \$ 100.00**

**COMMENTS:**

Department Point of Contact: Samantha Westen  
Phone: 239.533.2112  
Direct email: [swesten@leegov.com](mailto:swesten@leegov.com)

Make all checks payable to **Lee County BoCC** - Thank you!

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**For Department Use Only**

**PAYMENTS:**

Paid by:  Check # 1647       Cash

Received by: Samantha Westen      Date: 10/21/14



Nicholas Jankowski  
464 Bayfront Place  
Naples, FL 34102  
August 26, 2014

Public Resources Office  
Attn: Event Permitting  
2115 Second Street  
Fort Myers, FL 33901

To whom it may concern:

My name is Nicholas Jankowski and I am the Director of Special Events at McQuaid Marketing & Promotions in Naples – we organize some of Naples' largest events, such as Rockin' On The Bay, the Naples Stone Crab Festival, and the Taste Of Collier. After nearly three years of producing our events in Naples we are ready to grow and expand our offerings north a little bit and feel that, after many exciting meetings with mall management, Coconut Point Mall in Estero is a great place to do that. I've attached an Event Application for you to review asking for a series of six concerts, one a month for six months, in the center of Fashion Drive at Coconut Point – this would be a “sister-series” to our Rockin' On The Bay concerts in Naples, FL and would replace our other concert series, Rockin' At Riverside Park, at Riverside Park in Bonita Springs. We have worked with all of the required sign-off agencies to ensure this event becomes successful and something that Lee County and all of Southwest Florida can be proud of.

If you have any questions or concerns, please do not hesitate to contact me at 239-300-4880, ext. 200.

Sincerely,

*Nicholas Jankowski*

464 Bayfront Place • Naples, Florida 34102 • Phone: 239.300.4880 • Fax: 239.300.4881

[www.McQuaidCo.com](http://www.McQuaidCo.com)

# Lee County Event Permit Application



## 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

<b>Section I - GENERAL INFORMATION (All Permit Types)</b>	
<b>Title of Event / Name of Production</b>	Rockin' The Point
<b>Date(s) of Event / Production:</b>	11/08/14,12/13/14, 01/10/15, 02/14/15, 03/14/15, 04/11/15
<b>Location(s) of Event:</b>	Coconut Point Mall, 23106 Fashion Drive, Estero, FL 33928
<b>Name of Applicant:</b>	McQuaid Marketing & Promotions, LLC
<b>Applicant Address:</b>	McQuaid Marketing & Promotions, LLC 464 Bayfront Place Naples, FL 34102
<b>Applicant Phone Number:</b>	239-300-4880
<b>Contact Person:</b> (If different from applicant)	Nicholas J. Jankowski , Director of Special Events
<b>Contact Phone Number:</b> (If different from applicant)	239-300-4880, ext. 200
<b>Email Address:</b>	Nicholas@McQuaidCo.com
<b>Estimated Attendance:</b>	1500-2000
<b>Event Description:</b> Include each activity, when activities take place, etc.	Rockin' The Point will be a free concert series, located in the center of Fashion Drive (road will be closed to vehicular traffic during event) between Victoria's Secret and Chico's, featuring live music on a stage (which will be located between Teavanna and Brighton Collectables) and food/product vendors (which will be located along the east buildings in the event area). Music will run from 5:30PM to 9:00PM.
<b>Hours of Operation:</b>	5:00PM to 9:00PM
<b>STRAP # of Parcel:</b>	04-47-25-36-000SC.0010
<b>Owner of Premises*:</b>	Coconut Point Development

\*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? Mixed-Use Planned Development (MPD)

Are any temporary structures to be installed for the event? [X] Yes [ ] No Type: 10x10 Tents

Do you have the appropriate permits for the temporary structures? [ ] Yes [X] 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: Donat Insurance Services, LLC 606-25'

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

Surety Company Bonding this Event (Name and Address): Not Required

Three boxes with questions: 'Will Vehicles be Used as Part of This Event?', 'Will Food be Available at this Event?', and 'Will Alcoholic Beverages be served/consumed at this Event?'. Each box has 'Yes' and 'No' options with checkboxes. Below each question is a note about insurance coverage requirements.

Name & Address of Organization Providing Food: TBD, List will be available 5 days prior to first event

Type of Food being Served: TBD, List will be available 5 days prior to first event

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event:

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

Name of Charity:

Address of Charity:

Phone Number:

Non-profit certificate/registration number:

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

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

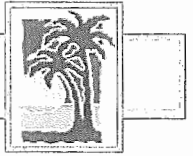
Is alcohol being sold/consumed on County Property? [X] Yes [X] No

Non-profit certificate/registration number: The McQuaid Cares Foundation, INC. EIN: 46-3733069

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

(Will vary per 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):

- TV Movie or Special       TV Series / Pilot       TV Commercial       Still Photos
- Public Service Announcement       Industrial / Documentary       Other: \_\_\_\_\_

Will any of the following be needed or included\*?

- 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 Vehicles       Yes       No
- Helicopters, Boats, etc.       Yes       No
- Stunts       Yes       No
- Other       Yes       No

\* For any marked Yes, provide further details below:

[Empty rectangular box for providing details for marked Yes items]

Special Parking Requirements:

[Empty rectangular box for Special Parking Requirements]

City or County Services Required: (Personnel, equipment, facilities, etc.)

[Empty rectangular box for City or County Services Required]

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.

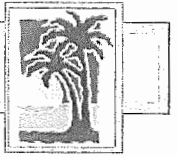
For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and 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.

**Applicant Agreement - Signature Required**



**SECTION V - AGREEMENT**

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

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

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



Digitally signed by Nicholas J. Jankowski  
Date: 2014.10.01 13:36:04 -04'00'

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Nicholas J. Jankowski, Director of Special Events

\_\_\_\_\_  
Print Name of Applicant and Title

\_\_\_\_\_  
October 1, 2014

\_\_\_\_\_  
Date



Digitally signed by Carla Valentine-Costa  
Date: 2014.10.01 13:38:14 -04'00'

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Carla Valentine-Costa, Director of Marketing

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
October 1, 2014

\_\_\_\_\_  
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?):

Two (2) deputies- 1630-2130 hours.

Fee for Services:

Special Arrangements:

8 November 2014/ 12 December 2014/ 10 January 2015/ 14 February 2015/ 14 March 2015/  
11 April 2015

Print Name:

Capt. Scott Lucia

Signature:

*Capt. Scott H. Lucia*

Title:

Detail Unit Commander

Date:

9 October 2014

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
- FILM PERMIT

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?)	0
Fee for Services:	NONE AT THIS TIME
Flammable Vegetation:	N/A
First Aid Equipment:	CALL 9-1-1 FOR ALL EMERGENCIES
Fire Extinguishing:	TENTS OVER 900 SQUARE FEET MUST BE PERMITTED NO COOKING UNDER TENTS EMERGENCY ACCESS FOR FIRE MUST BE PROVIDED
Special Arrangements:	AT THIS POINT WE WILL NOT REQUIRE EMS PERSONNEL FROM ESTERO FIRE RESCUE, BUT RESERVE THE RIGHT TO REQUEST THEM IF WE FIND THAT LARGE CROWDS STARTING ATTENDING THE EVENT.

Print Name: Scott A. Vanderbrook

Signature: *Scott A. Vanderbrook*

Title: FIRE CHIEF

Date: 10/2/14

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY  
14752 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912  
(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:

Medical Personnel:

Event organizer must provide (1) ALS BITE team or event team either from Lee County EMS or Estero Fire Department

Medical Supplies / Equipment:

provided by BITE or event team

Safety Requirements:

N/A

Fee for Services

If Lee County is hired, cost is \$100,00 per hour with (1) hour setup and (1) hour take down. Estero Fire can quote their rates

Special Arrangements:

Print Name: SCOTT TATE

Signature: [Handwritten Signature]

Title: Deputy Director Public Safety

Date: 10/7/14

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL33901  
(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 parking on or within ten feet of 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 necessary.

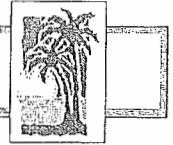
Print Name: Bryan D. Miller

Signature: Bryan D. Miller Digitally signed by Bryan D. Miller  
DN: cn=Bryan D. Miller, o=LCDOT, ou=Traffic, email=millerbmg@leegov.com,  
c=US  
Date: 2014.10.01 14:13:24 -0400

Title: Senior Project Manager

Date: October 1, 2014

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- SPECIAL EVENT 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.

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.

Print Name: Mike Figueroa

Signature: \_\_\_\_\_

Title: Risk Program Manager

Date: Oct 3, 2014

  
**COCONUT POINT**<sup>®</sup>  
A SIMON MALL

September 5, 2014

Lee County Department of Community Development  
Permitting  
1500 Monroe St  
Fort Myers, FL 33901

To Whom It May Concern:

Please be advised that I am the Mall Manager for Coconut Point. Our office is located at 23106 Fashion Drive, Estero, FL 33928. I give McQuaid Marketing & Promotions, LLC permission to hold concerts on the property the following dates and times:

Saturday, October 11, 2014 from 5:00 PM to 9:00 PM  
Saturday, November 8, 2014 from 5:00 PM to 9:00 PM  
Saturday, December 12, 2015 from 5:00 PM to 9:00 pm  
Saturday, January 10, 2015 from 5:00 PM to 9:00 PM  
Saturday, February 14, 2015 from 5:00 PM to 9:00 PM  
Saturday, March 14, 2015 from 5:00 PM to 9:00 PM  
Saturday, April 11, 2015 from 5:00 PM to 9:00 PM

If you have any questions I can be reached at (239) 992-9966.

Sincerely,



Jamie C. Grofik, CSM  
Mall Manager  
Coconut Point

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of September, 20 14 by Jamie C. Grofik who is personally known to me.



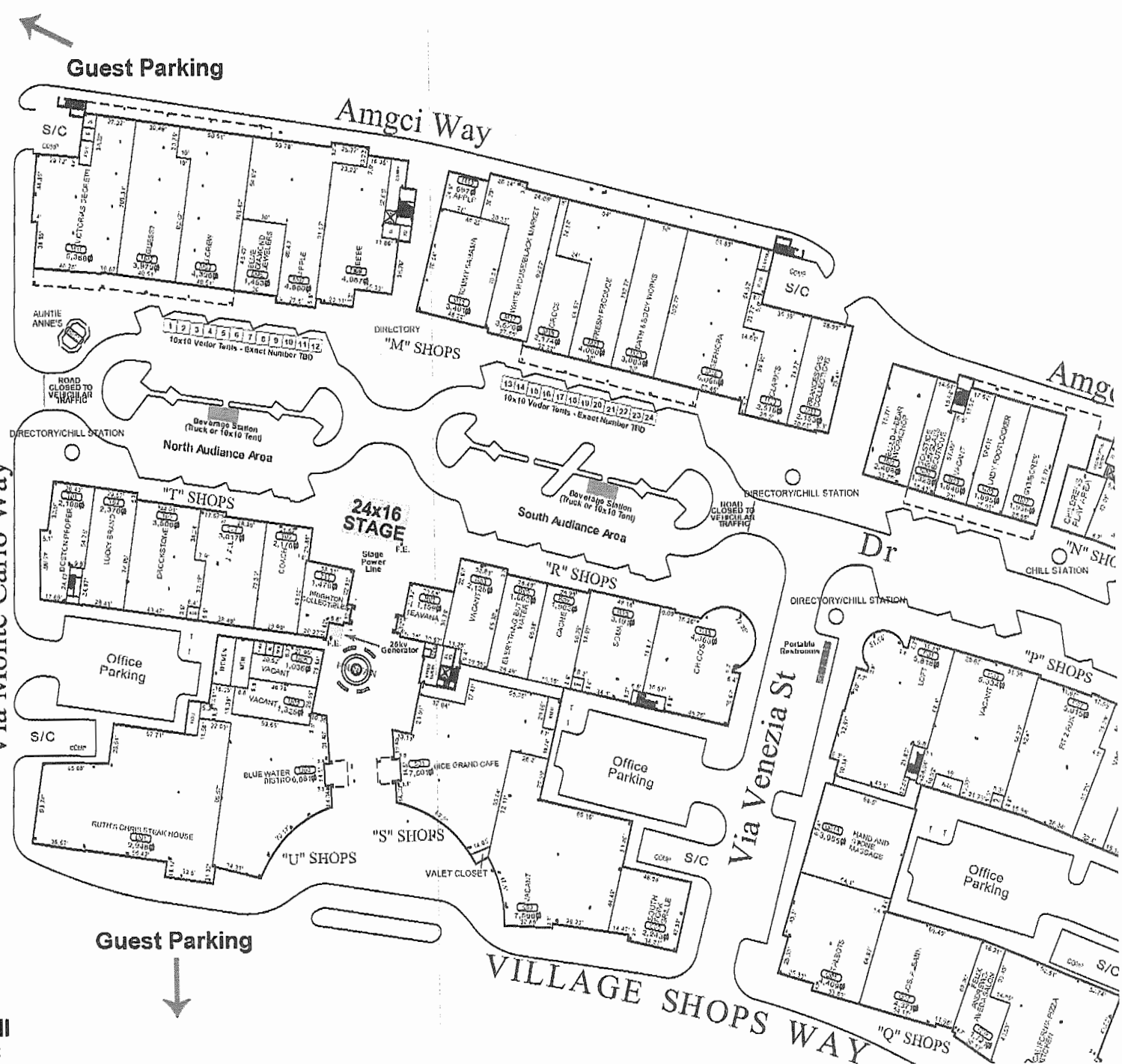
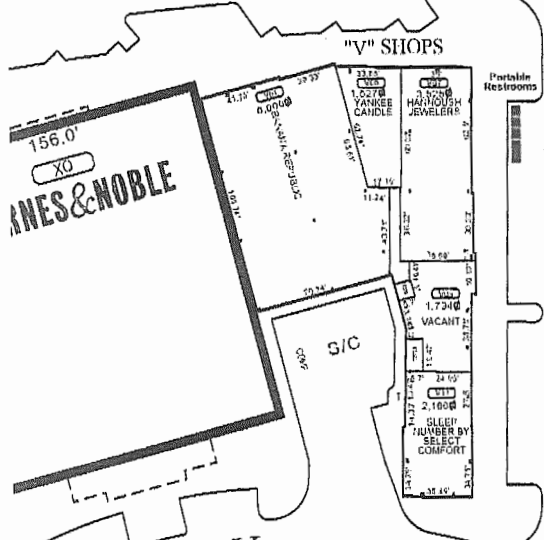
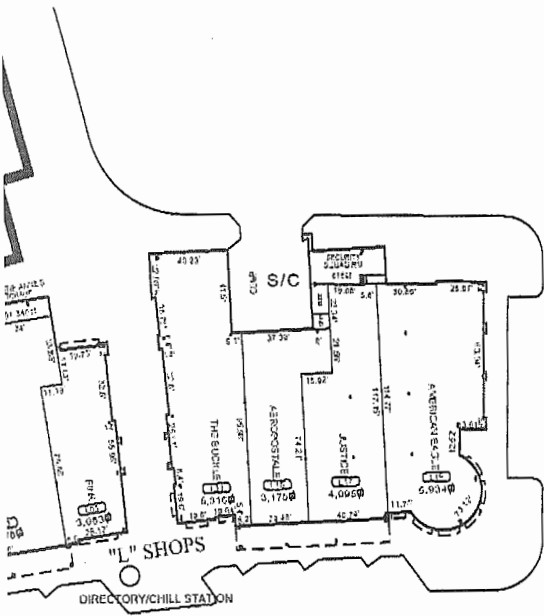
Notary Public



Print Name



Commission Expiration Date



Lockin' The Point at Coconut Point Mall  
McQuaid Marketing & Promotions, LLC



# INSURANCE BINDER

OP ID: LA

DATE (MM/DD/YYYY)

10/13/2014

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY <b>Donat Insurance Services, LLC</b> P.O. Box 718 Lake Delton, WI 53940 Kenneth D. Donat		COMPANY <b>Lexington Insurance Company</b>		BINDER # <b>67653</b>	
PHONE (A/C, No, Ext): <b>608-254-2600</b>		FAX (A/C, No): <b>608-254-7733</b>		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>186667</b>	
AGENCY CUSTOMER ID: <b>MCQUA-1</b>		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED <b>McQuaid Marketing &amp; Promotions, LLC</b> 464 Bayfront Place Naples FL 34102		<b>Rockin The Point</b> Dates: 11/8, 12/13, 1/10, 2/14, 3/14 & 4/11/15			

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		EACH OCCURRENCE		\$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES		\$ <b>300,000</b>
		MED EXP (Any one person)		\$ <b>5,000</b>
		PERSONAL & ADV INJURY		\$ <b>1,000,000</b>
		GENERAL AGGREGATE		\$ <b>2,000,000</b>
		PRODUCTS - COMP/OP AGG		\$ <b>1,000,000</b>
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE		
		STATED AMOUNT		\$
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES Accident Coverage - United States Fire Insurance - Eff 11/08/14-04/12/15 Aggregate Limit of Indemnity per Accident - \$50,000 Corridor Deductible per incident per person - \$100		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
<input type="checkbox"/> LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE 	





# CERTIFICATE OF LIABILITY INSURANCE

MCQUA-1

OP ID: LA

DATE (MM/DD/YYYY)

10/13/2014

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

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

<b>PRODUCER</b> Donat Insurance Services, LLC P.O. Box 718 Lake Delton, WI 53940 Kenneth D. Donat	<b>CONTACT NAME:</b> Kenneth D. Donat <b>PHONE (A/C, No, Ext):</b> 608-254-2600 <b>E-MAIL ADDRESS:</b> Ken@DonatInsurance.com	<b>FAX (A/C, No):</b> 608-254-7733
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> McQuaid Marketing & Promotions, LLC Tiffany McQuaid 464 Bayfront Place Naples, FL 34102	<b>INSURER A : Lexington Insurance Company</b>	
	<b>INSURER B : United States Fire Ins. Co.</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

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

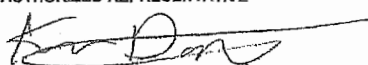
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	186667	11/08/2014	04/12/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident		186667	11/08/2014	04/12/2015	<b>Max Ben</b> 50,000 <b>Deduct</b> 100

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

Rockin The Point - 11/8, 12/13, 1/10, 2/14, 3/14 & 4/11/2015  
 The Certificate Holder is listed as Additional Insured with respect to General Liability coverage within the operation of the Named Insured during the policy period.

**CERTIFICATE HOLDER****CANCELLATION**

<b>MCQUAID</b>  McQuaid & Company, LLC 464 Bayfront Place Naples, FL 34102	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2014

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

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

<b>PRODUCER</b> Donat Insurance Services, LLC P.O. Box 718 Lake Delton, WI 53940 Kenneth D. Donat	<b>CONTACT NAME:</b> Kenneth D. Donat <b>PHONE (A/C, No, Ext):</b> 608-254-2600 <b>E-MAIL ADDRESS:</b> Ken@DonatInsurance.com	<b>FAX (A/C, No):</b> 608-254-7733
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> McQuaid Marketing & Promotions, LLC Tiffany McQuaid 464 Bayfront Place Naples, FL 34102	<b>INSURER A:</b> Lexington Insurance Company	
	<b>INSURER B:</b> United States Fire Ins. Co.	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

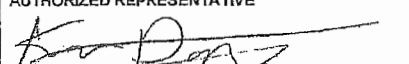
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		186667	11/08/2014	04/12/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Accident			186667	11/08/2014	04/12/2015	Max Ben	50,000
							Deduct	100

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

The Certificate Holder is listed as Additional Insured with respect to General Liability coverage within the operation of the Named Insured during the policy period.

<b>CERTIFICATE HOLDER</b>  LEEBOAR  Lee County Board of County Commissioners PO Box 2238 Fort Meyers, FL 33902	<b>CANCELLATION</b>  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 
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1647

**MCQUAID MARKETING, LLC**

(239) 300-4881  
464 BAYFRONT PLACE  
NAPLES, FL 34102

**FIFTH THIRD BANK**

63-9171-670

PAY TO THE  
ORDER OF

*Lee County Board of County Commissioners \$ 100.00*  
*One hundred and no/100* DOLLARS

MEMO

*Rockin' The Beach Permit  
application fee*

*Helen Constantine*

⑈001647⑈ ⑆067091719⑆ 7433326191⑈

Security Features Included Details on back



**MEMORANDUM  
FROM  
THE DIVISION OF PUBLIC RESOURCES**

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**DATE:** October 21, 2014  
**TO:** County Management  
**FROM:** Samantha Westen, Administrative Assistant  
**RE:** **Event Permit for Signature**

Attached is a Special Event application submitted by **McQuaid Marketing & Promotions LLC** for the **"Rockin' the Point"** event which will take place at **Coconut Point Mall, 23106 Fashion Drive** on **11/8/14, 12/13/14, 1/10/15, 2/14/15, 3/14/15, 4/11/15.**

All needed sign-off sheets are included as well as the insurance certificate and site plan.

Please sign the permit and return to Public Resources after review.

If you have any questions or concerns, please call me at 533-2112.

Thank you,

Samantha Westen

Attachment



# Event Permitting Checklist

(For Office Use Only)

Permit Number:	14-11415 SE
Event Name:	Rockin' the Point
Applicant Name & Contact	Mo Quaid Marketing

## Requirements:

	Yes	No
Application Submitted within 21 days (30 days for Use of County Property) <i>30 days</i>		✓
Site Plan Included	✓	
Insurance Certificate Sufficient	✓	
Bond Required		✓
Land Owner Permission Letter	✓	
Non-Profit Certificate	✓	
More than one Fire District		✓

*+ \$25 late fee included*

## Copies to:

Lee County Agencies			
✓	BOCC	✓	County Administration/PIO
✓	Risk Management	✓	Parks & Recreation
✓	Department of Transportation	✓	Sheriff's Office
✓	Public Safety/EMS	✓	Fire District
✓	Traffic Operations Center (TOC in Outlook email address book)		
Municipalities			
	Mayor	City of:	
<i>N/A</i>	Police Chief	City of:	
<i>N/A</i>	City Administrator	City of:	
	Fire	City of:	

Employee Signature:	<i>Callista</i>
Date:	10/24/14