

EVENT PERMIT



Ordinance 17-08

Bell Tower Beer Fest

PERMIT NUMBER: TMP2023-01067

Date(s) of Event: October 6, 2023 from 6:00pm until 9:00pm

Property Owner:

BELL TOWER SHOPS LLC

Applicant:

Shannon Palzer

9082298267

Description:

Fall Beer Festival with proceeds benefiting United Way of Lee County October 6,

2023 from 6:00pm until 9:00pm.

Location of event: 13499 S CLEVELAND AVE, FORT MYERS, FL 33907

13499 S Cleveland Ave

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

No

Will there be alcohol consumed or sold at the event?

Sold and Consumed

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

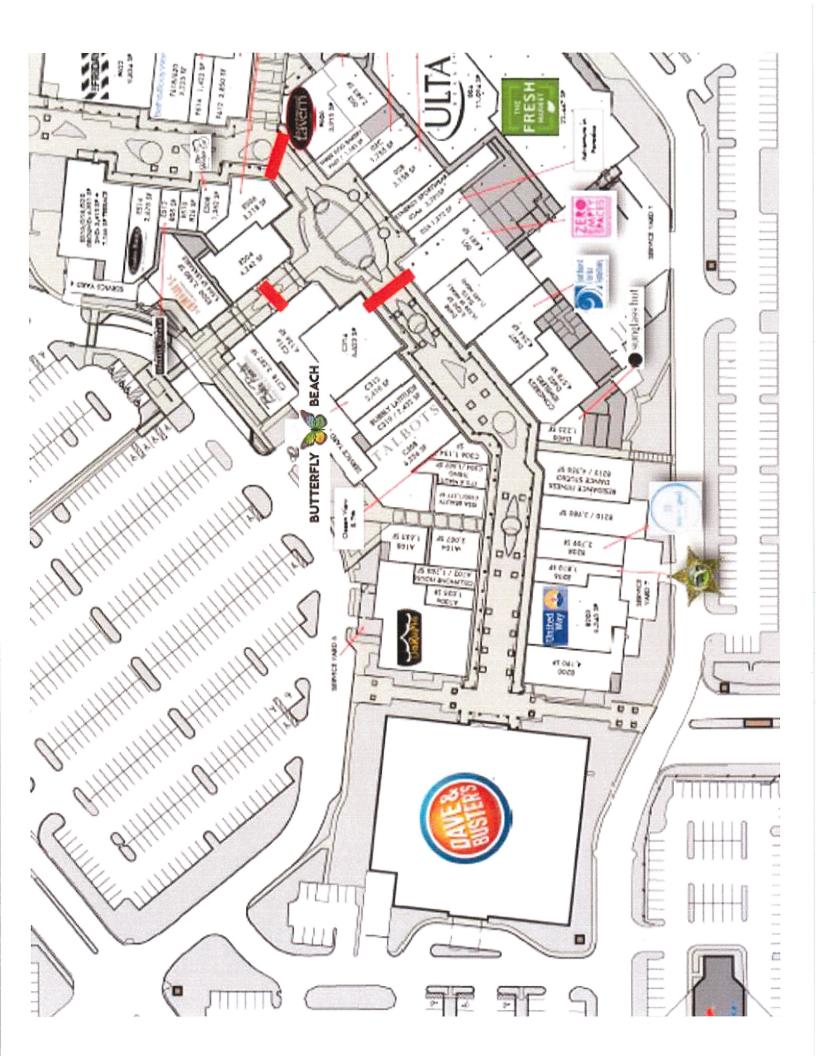
Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Bell Tower Beer Fest





Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- ☐ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)								
Title of Event / Name of Production	Bell Tuber Beer Fest							
Date(s) of Event / Production:	Forday october 6th 200	3						
Location(s) of Event:	Center Court @Bell Tower							
Name of Applicant:	Shannon M. Palzer							
Applicant Address:	13499 S Mevelong Ave							
Applicant Phone Number:	(908) 229-8267							
Contact Person: (If different from applicant)	((
Contact Phone Number: (If different from applicant)	/(
Email Address:	Shannon o Palzer @ majisch maguet	e ,						
Estimated Attendance:	3(X)	Con						
Event Description: Include each activity, when activities take place, etc.	Fall boer Festival of praceeds benefiting united way of Lee C	Ο.						
Hours of Operation:	6pm - 9pm							
STRAP # of Parcel:								
Owner of Premises*:	Madison Marquette (YM)							

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



What is the Zoning Classification of the p	oremises?	
Are any temporary structures to be insta	lled for the event? Yes No 1	ype:
Do you have the appropriate permits for	the temporary structures?	┌─ Yes
* For a 'Special Event' and 'Use of County identified, including all parking areas.	, Property' permit, submit a site plan with	n all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me 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 ☐ No	TYES No	THES 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:	larious BT F	B outless.
Type of Food being Served:	ic + cheepe	(sample)
Section II - USE OF COUNTY PR	OPERTY PERMIT	
Organization Sponsoring the Event:		
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cour	nty Property?	Yes
If Yes, then a "Lee County Alcohol Permit" is required.	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)		
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



ype of Production (choose all that apply):							
TV Movie or Special TV S	eries / Pilot [_	TV Commerc	ial		Still Photos	
Public Service Announcement Indus	trial / Documentary 「		Other:				
Will any of the following be needed or includ	ed*?						
Street Closure			┌─ Yes	Γ	No		
Traffic / Crowd Control			├ Yes	Γ	No		
Fire or Burning			┌ Yes	Γ	No		
Explosives or Pyrotechnics			┌ Yes	Γ	No		
Animals, Large or Small			┌ Yes	Γ	No		
Construction of Any Kind			┌ Yes		No		
Large and/or Numerous Vehicl	es		┌ Yes	Γ	No		
Helicopters, Boats, etc.			☐ Yes	Γ	No		
Stunts			┌ Yes	Γ	No		
Other			☐ Yes	Γ	No		
Special Parking Requirements:				anni der mellendi i der dendem			
City or County Services Required: (Personr	nel, equipment, facilitie	s, etc	.)		***************************************		
The following information is required for lot the industry. If exact figures are not available Number in Cast:	ocal and state records of ble, please estimate as Number in Crew:	on pro close	ly as possible	•		rack the economic	impact
Total budget:	Estimate amount spen	nt in Lo	ee County:				
Hotel room nights:	Number of shooting d	ays:					
number of rooms x number of nig	hts						



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

Signature of Applicant

Maureen Kelley

Print Name of Applicant and Title

Print Name of Witness

8/14/2023

Date

Date



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

Check the app	oropriate	e boxles	l below:
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SPECIAL EVENT PERMIT

•	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
AFTER REVIEWING THE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIC ICANT TO COMPLY WITH FOR THEIR EVENT.	NC
Parking:	All parking will be in authorized areas only and the right of way must not be impeded at any time.	
l Deputies (How Many?):	2 deputies for security & presence in/around event area. Deputies will not be allowed to monitor any areas where alcohol is served. Deputies are not permitted to check id's or do bag searches that is the responsibility of volunteers or private security. LCSO will work in conjunction with unarmed FL licensed security officers.	or s,
,		
Fee for Services:	Contact LCSO Details Unit.	
Special Arrangements:	It will be the responsibility of the event coordinators to make sure that id's are checked and that participants of legal age are given a wristband to mitigate any chance of underage drinking. It understood that the event area will be fenced off and that there will be fixed points of entry.	ıt is
	Print Name: Paul Commins	
	Signature:	
	Title: Commander Date: 80103	
	Date: <u>8 01 03</u>	



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 box(es) bel	ow:		
SPECIAL EV	/ENT PERMIT			
USE OF CO	UNTY PROPERTY	PERMIT		
FILM PERM	/IIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			OW WHAT ARRANGEMENTS VENT.	S YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	N/A			
Flammable Vegetation:	N/A			
First Aid Equipment:	CALL 911 IF NEEDED)		
Fire Extinguishing:	N/A			
Special Arrangements:	ENSURE BARRICADE EMERGENCY.	ES ARE EASILY MOVED IN	NTHE EVENT OF A FIRE ALARM ACT	TIVATION OR OTHER
	Print Name:	Nate Burley		_
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2023.08.15 09:08:23 -04'00'	_
	Title:	Division Chief - Fire & I	ife Safety	_
	Date:	08/15/2023		



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

Check the appropriate box(es) below:

FILM PERMIT

X	SPECIAL EVENT PERMIT
	USE OF COUNTY PROPERTY PERMIT
X	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

ORGANIZATION WILL RE	QUIRE THE APPLIC	ANT TO COMPLY WITH FOR THEIR EVENT.						
Treatment Facilities:	None necessary.							
Medical Personnel:	None necessary.							
Medical Supplies / Equipment:	None necessary.							
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:	Please call 911 in t office at EMSDetail	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.						
	Print Name: Signature: Title:	Douglas B. Higgins Douglas B. Higgins Digitally signed by Douglas B. Higgins Disc. cn-Douglas B. Higgins Disc. cn-Ever Douglas B. Higgins Disc. cn-Ever Douglas B. Higgins Services, our-EMS Operations, email-D-Higgins@leegov.com, cn-US Date: 2023.08.22 17:54:44-04007						
	Date:	August 22, 2023						



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

Check the appropri	ate box(es) bei	low:
SPECIAL E	/ENT PERMIT	
USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ИIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking is	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	olished means of ingress and egress.
Special Arrangements:	Please use Lee Cou	inty Sheriff's office for assistance with traffic control.
	Duint Name	
	Print Name:	Nathaniel Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023,08.15 07:01:01 -04'00'
	Title:	Project Manager
	Date:	08/15/2023



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS, FLORIDA 33916 (239) 533-7275

Check the approp	riate box(es) be	low:	
X SPECIAL	EVENT PERMIT		
, ,	COUNTY PROPERTY		
		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	/ FACILITIES
FILM PEF	RMIT		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Illumination:	N/A		
	J		
Parking Areas:	N/A		
)		
Special Arrangements	; IN/A - Event is not o	on Parks and Rec property and will not affect county park op	perations or programs.
	1		
	Print Name:	Colleen Via	
	Signature:	Callen Via	
	Title:	Operations Manager	
	Date:	8/15/2023	
Not on Comp Pa	^0/2·	and the second of the second o	
Bell tower	BLER Feat	Page 10	
10/4/2	013		



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

Check the appropriat	te box(es) bei	'ow:
	NT PERMIT	
USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMI	Γ	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION 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.
	Certificate Must	Read As:
	and public official with regard to ge	litical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogation eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability.
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required coverage listing Lee County, a ion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above. of insurance.
	Print Name: Signature:	Mike Figueroa Mike Jain —
	Title:	Risk Program Manager
	Date:	August 14, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/14/2023

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. 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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER						CONTACT NAME: LARealEstateCerts@ajg.com						
Arthur J. Gallagher Risk Management Services, LLC 500 N. Brand Boulevard, Ste. 100				LLC	PHONE (A/C, No, Ext): 818-539-2300 FAX (A/C, No): 818-539-1804							
Glendale CA 91203					E-MAIL ADDREss: LARealEstateCerts@ajg.com							
						INSURER(S) AFFORDING COVERAGE NAIC						
				License#: 0D69293	INSURE	RA: Enduran					11551	
	NSURED PRINFIN-04					кв: Cincinna					10677	
	Tower Shops, LLC										20699	
	ncipal Real Estate Investors, LLC I High Street				INSURER C: ACE Property & Casualty Insurance Co INSURER D: National Union Fire Insurance Company of Pittsburg					hura	19445	
	s Moines IA 50392-2040				INSURE		Official file in	odranioo oompa	ny or r itto	burg	10110	
					INSURE							
CO	COVERAGES CERTIFICATE NUMBER: 1723665926 REVISION NUMBER:											
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				HE POL	ICY PERIOD	
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH								BJECT TC) ALL I	THE TERMS,	
INSR LTR		ADDL	SUBR		DELIN.				LIMITS	e		
A	X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER GGR10014548504		5/1/2023	5/1/2024	EACH OCCURREN		\$ 1,000	000	
	CLAIMS-MADE X OCCUR	i i		GGR 1001-1010001		0/1/2020	0/1/2024	DAMAGE TO RENT	ED			
	CLAIMS-MADE N OCCUR							PREMISES (Ea occi		\$1,000		
								MED EXP (Any one	· · · · ·	\$1,000		
	OFAUL ACCRECATE LIMIT APPLIES PER							PERSONAL & ADV		\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC							GENERAL AGGREG		\$2,000		
								PRODUCTS - COM		\$ 2,000 \$ NIL	,000	
	OTHER: AUTOMOBILE LIABILITY							Deductible COMBINED SINGLE (Ea accident)		\$		
	ANY AUTO							(Ea accident) BODILY INJURY (P		\$		
	OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	· ·	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
В	X UMBRELLA LIAB X OCCUR			EV00044005		F.14.100000	F.I.4.100.0.4					
	- Variation - Cocont			EXS0614085		5/1/2023	5/1/2024	EACH OCCURREN	CE	\$5,000	·	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$5,000	,000	
	DED X RETENTION \$ NII	-						PFR		\$		
	AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
	If ves. describe under							E.L. DISEASE - EA				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	xs \$5M	
CD	Excess Liability Excess Liability			G46635115007 BE014121893		5/1/2023 5/1/2023	5/1/2024 5/1/2024	Per Occ/Aggregate Per Occ/Aggregate			xs \$20M	
	<u> </u>											
	cription of operations / Locations / VEHIC rorism coverage is included. Additional					e attached if more	e space is requir	ed)				
RE	REAL PROPERTY LOCATED AT: Bee	rfest	(calle	d "BellTober") 1499 US High	ghway 4	11, SE, Fort M	lyers, FL 339	07. Event Date:	October 6	5, 2023		
Cei	tificate Holder is included as additional				ity per a	ittached comp	oany torm.					
		Oł	< 08	/14/2023								
		-	7.	. 1.								
		/	hip	a figure								
CE	RTIFICATE HOLDER			<u> </u>	CANO	CELLATION						
					6110		THE ABOVE D	ESCRIBER BOLIC	CIEC PE C	ANCELI	ED DEFORE	
								ESCRIBED POLICE EREOF, NOTICE				
	Los County Describer Co	4 0	a v :-	innianara				Y PROVISIONS.				
	Lee County Board of Cour P.O. Box 398	ty C	omm	issioners								
	P.O. Box 398 Fort Myers FL 33902				AUTHORIZED REPRESENTATIVE							

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are obligated pursuant to a written contract or agreement executed prior to a loss to provide such insurance as is afforded by this policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to B. With respect to the insurance afforded to these include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations;
 - 2. In connection with your premises owned by or rented to you.

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- additional insureds, the following is added to Section III - Limits Of Insurance:
 - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
 - 1. Required by the contract or agreement; or
 - 2. Available under the applicable limits of insurance:

whichever is less.

This endorsement shall not increase the applicable limits of insurance.