

# **EVENT PERMIT**



Ordinance 17-08

### Winterfest

**PERMIT NUMBER:** 

TMP2024-00377

Date(s) of Event:

December 7, 2024 from 4:00PM through 8:00PM.

Property Owner:

**GATEWAY LEASING COLLC** 

Applicant:

Kerry Runyon

239-994-0346

Description:

December 7, 2024 from 4:00PM through 8:00PM.

Annual Gateway Services CDD Winterfest at Sherman Soccer Complex, Food and Dessert trucks(6), Santa, School and Dance performances, Blow up rides, Giveaways,

Beer/wine provided by Rotary Club of Fort Myers.

Location of event:

11922 FAIRWAY LAKES DR, FORT MYERS, FL 33913

11922 Fairway Lakes Drive Suite 1

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?

To Be 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

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

WINTERFEST

Tmp2004-0037



#### **Event Application**

## Check the appropriate box(es) below:

SPECIAL EVENT PERI	MI	T
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USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	Winterfest
Date(s) of Event / Production:	December 7, 2024
Location(s) of Event:	Sherman Soccer Complex, 13260 Griffin Drive, Fort Myers, FL 33913
Name of Applicant:	Gateway Services Community Development District
Applicant Address:	11922 Fairway Lakes Drive, Suite 1, Fort Myers, FL 33913
Applicant Phone Number:	239-561-1313/239-994-0346
Contact Person: (If different from applicant)	Kerry Runyon
Contact Phone Number: (If different from applicant)	239-994-0346
Email Address:	kerry.runyon@gatewaydistrict.org
Estimated Attendance:	500-750
Event Description: Include each activity, when activities take place, etc.	Annual Gateway Services CDD Winterfest at Sherman Soccer Complex. Food and Desert Trucks (6), Santa, School and dance performances, blow up rides, giveaways, beer/wine provided by Rotary Club of Fort Myers South Foundation Inc.
Hours of Operation:	4-8 pm
STRAP # of Parcel:	
Owner of Premises*:	Gateway Services CDD

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



What is the Zoning Classification of the	premises? Park	
Are any temporary structures to be ins	talled for the event? Yes 🔀 No	Type:
Do you have the appropriate permits for	or the temporary structures?	Yes  x No
* For a 'Special Event' and 'Use of Counidentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event	Preferred Government Insurance Trust,	PO Box 958455, Lake Mary, FL 32795
Note: Certificate of Insurance must be submitte		, , , , , , , , , , , , , , , , , , , ,
Surety Company Bonding this Event (Na	ame and Address):	·
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
Yes No		∝ Yes □ No
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.
_	Pizza, Talerz Food Truck, Bubbas BBQ, Maddles Sweet Lemonade,	
Section II - USE OF COUNTY PR	OPERTY PERMIT	
Organization Sponsoring the Event: Ga	ateway Services Community D	Development District
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Coun		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 numb (Required if alcohol is to be <u>SOLD</u> at the event)	er: EIN 59-2707408 Rotary Club of Fort M	lyers South Foundation Inc
Please note: A permit from the State of Florida D further details	vision of Alcoholic Beverages and Tobacco may al	to be required; please call (239) 344-0885 for



Тур	e of Production (choose all tha	t ap	oly):						
	TV Movie or Special		TV Series / Pilot	Г	TV Comm	ercial	Г	Still Photos	
<u> </u>	Public Service Announcement		Industrial / Documentary	Γ	Other:				
Will	any of the following be neede	d or	included*?						
	Street Closure				Yes	Г	No		
	Traffic / Crowd Con	trol			Yes	Ė	No		
	Fire or Burning				☐ Yes	Ė	No		
	<b>Explosives or Pyrote</b>	chni	CS		☐ Yes	F	No		
	Animals, Large or Sr	nall			☐ Yes	Г	No		
	<b>Construction of Any</b>	Kinc	I		☐ Yes	Г	No		
	Large and/or Numer	rous	Vehicles		☐ Yes	Г	No		
	Helicopters, Boats, 6	etc.			☐ Yes	Г	No		
	Stunts				☐ Yes	Г	No		
	Other				☐ Yes	Г	No		
Sp	ecial Parking Requirements:								
Cit	y or County Services Required	· /Do	rronnel aguinment fe ciliti						
	, Journ, Jos vices negatieu	. (1-6	asomer, equipment, facilitie	:s, etc	) 				
The the	following information is requindustry. If exact figures are n	ired ot a	for local and state records ovailable, please estimate as	on pro	oduction in F ly as possible	lorida e.	to tra	ck the economic impact	of
Nu	mber in Cast:		Number in Crew:		Num	ber of l	ocals l	hired:	
Tot	al budget:		Estimate amount sper	it in L	ee County:				
Ho	el room nights:		Number of shooting d	ays:					



#### **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.

Kerry Runyon	Logan Banks
Signature of Applicant	Witness
Kerry Runyon, Supervisor	Logan Banks, Park Attendant
Print Name of Applicant and Title	Print Name of Witness
11/20/2024	11/20/2024
Date	Date



#### 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
USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	1IT
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for event will be in authorized areas only & right-of-way must not be impeded.
Deputies (How Many?):	2 Deputies for security & presence around event area.
Fee for Services:	Contact LCSO Details Unit
Special Arrangements:	According to the permit application, alcohol will be served at the event and must remain within the confines of the event area. Event staff will be responsible for checking ID's and ensuring that no one is overserved. All amplified sounds must adhere to the Lee County Noise Ordinance.
	Print Name: DETNACEN Signature: 93/47  Title: Date: 12-2-24



#### **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 appropr	iate box(es) bei	low:
SPECIAL E	VENT PERMIT	
USE OF CO	OUNTY PROPERTY	PERMIT
FILM PERM	/IIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A	
Fee for Services:	REVIEW AND INSPE	CTION FEES PAID
Flammable Vegetation:	ALL TRUCKS TO MA	INTAIN AT LEAST 10' CLEARANCE FROM FLAMMABLE VEGETATION
First Aid Equipment:	CALL 911 IF NEEDEL	
Fire Extinguishing:	FOOD TRUCKS TO B BE CHECKED DURIN	E NFPA 96 COMPLIANT REGARDING EXTINGUISHERS AND HOOD SUPPRESSION. WILL IG INSPECTION.
Special Arrangements:	INISDECTION TO TAK	KE PLACE AT LEAST 2 HOURS PRIOR TO EVENT START TIME. ALL FOOD TRUCKS MUST
special Arrangements.		EADY FOR INSPECTION NO LATER THAN 2PM ON DEC. 7TH.
	FOOD TRUCKS MAY TOW VEHICLES.	NOT BE WITHIN 10 FT OF ANOTHER FOOD TRUCK, TRAILER, VEHICLE, THIS INCLUDES
	Print Name:	Nate Burley
	Signature:	Nate Burley  Digitally signed by Nate Burley Date: 2024.12.03 09:15:28-05'00'
	Title:	Division Chief - Fire & Life Safety
	Date:	12/03/2024



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

Check the appropria	ite box(es) belov	w:		
SPECIAL EV	'ENT PERMIT			
☐ USE OF CO	UNTY PROPERTY P	PERMIT		
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERA	GES WITHIN LEE COUNTY	FACILITIES
FILM PERM	1IT			
AFTER REVIEWING THE A ORGANIZATION WILL RE	The second secon		HAT ARRANGEMENTS YOU FOR THEIR EVENT.	JR
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			-
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:		llow all CDC and FDOH di health and safety.	rectives, and the Florida Gov	ernor's Executive
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in to		v. To arrange special event c	overage, contact our
	Print Name:	Douglas B. Higgins		
	Signature:	THE BUP	Digitally signed by Captain Douglas B. Higgins Date: 2024.11.26 17:12:16 -05'00'	
	Title:	Captain, EMS Operations		•
	Date:	November 26, 2024		



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

Check the appropri	ate box(es) be	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	1IT	
		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 estab	olished means of ingress and egress.
Special Arrangements:		ity Sheriff's Office for assistance with traffic control as needed. e access and public vehicular access shall be maintained on all surrounding Lee d roads.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024.11.27 09:39:18 -05'00'
	Title:	Project Manager
	Date:	11/27/2024



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

Check the appropr	iate box(es) be	elow:
	VENT PERMIT	
USE OF CO	DUNTY PROPERT	Y PERMIT
PERMIT TO	O SELL AND CON	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERI	MIT	
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, PLICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	N/A	
Dauldon Annan	l.	
Parking Areas:	N/A	
Special Arrangements:	N/A - Event is not o	on Parks and Rec property and will not affect county park operations or programs.
	Print Name:	Colleen Via
	Signature:	Collen La
	Title:	Countywide Services Manager
	Date:	12/2/2024
Note to Dr. Gar.	a (, (	Contract of

Page |10



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

Check the appropriate box(es) below:

SPECIAL EVE USE OF COU PERMIT TO S FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES			
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.			
Insurance Requirements:  Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000 occurrence to protect against bodily injury and/or property damage relative to applicants use aforementioned event within Lee County.					
	Lee County, a po	litical subdivision and Charter County of the State of Florida, its agents, employees,			
		als are automatic additional insurads and includes an automatic waiver of subregation and insured on a primary and basic with regards to general liability.			
Special Arrangements:	A Certificate of Ir political subdivis the sertificate he	isurance shall be submitted as evidence of the required coverage listing Lee County, of the State of Florida, P.O. Box 390, Fort Myers, FL 33902 as Ider and as an additional incured as listed above.			
	Subject to proof	of insurance.			
	**:	*Certificate of insurance not needed for this event.			
	Duint Name	Add Process			
	Print Name:	ivike rigueroa			
	Signature:	Mike from			
	Title:	Risk Program Manager			
	Date:	December 2, 2024			



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/2/2024

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 the terms and conditions of the policy, certain policies ma certificate holder in lieu of such endorsement(s).	INSURED, the polic by require an endors	y(les) must be ement. A sta	e endorsed. tement on th	If SUBROGATION IS WAI is certificate does not con	VED, s	subject to hts to the	
PRODUCER	CONT	CONTACT NAME:					
Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	PHON (A/C. E-MA	NAME: PHONE (AIC, No. Ext): 216-658-7100  E-MAIL  E-MAIL					
Howell IVII 46643	ADDF	ADDRESS;					
		INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED		RER A : Everest	Indemnity Ins	urance Co.	_	10851	
Winco Fireworks Mississippi, LLC		INSURER B:					
dba Central Fireworks		INSURER C:					
3732 US Hwy 49 Hattiesburg MS 39401	INSU	RER D :		•			
riducabaig Ma 3940 i	INSUI	RERE:					
00/504050		RER F:			L		
COVERAGES CERTIFICATE NUMBER				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOUTH	OR CONDITION OF AI ANCE AFFORDED BY OWN MAY HAVE BEEN	NY CONTRACT	OR OTHER D	DOCUMENT WITH RESPECT HEREIN IS SUBJECT TO /	TO W	HICH THIS I	
	OLICY NUMBER			LIMITS			
A GENERAL LIABILITY SISML02067-  X COMMERCIAL GENERAL LIABILITY	-231	12/31/2023	12/31/2024	DAMAGE TO RENTED	1,000,000 500,000	0	
CLAIMS-MADE X OCCUR				MED EXP (Any one person) \$			
				PERSONAL & ADV INJURY \$	1,000,000	0	
				GENERAL AGGREGATE \$	2,000,000	0	
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG S:	2,000,000	0	
POLICY PRO- X LOC				s			
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) S			
ANY AUTO				BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident) \$			
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$			
				\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$	***************************************		
EXCESS LIAB CLAIMS-MADE		1	Ī	AGGREGATE \$			
DED RETENTIONS				s			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE			ľ	E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)			Ī	E,L, DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below			ľ	E.L. DISEASE - POLICY LIMIT \$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Ac							
""For premise liability – this certificate reflects coverage for the da	ites and location note	d helow only *	*			ļ	
**For product liability – this certificate reflects coverage for produc	ot purchased from the	above referen	ced named in	isured only"			
Additional Insured extension of coverage is provided by above ref DATES OF COVERAGE FOR CHRISTMAS/NEW YEAR SEASOI LOCATION: 2625 LEE BOULEVARD LEHIGH ACRES, FL 3397	ferenced General Lial N: 12/15/24 THROU '1	bility policy who GH 12/31/24	ere required b	y written agreement.			
OPERATOR: GLORIA TORREZ See Altached							
CERTIFICATE HOLDER	CAN	CELLATION			<del></del> -	[	
Gulf Coast Sunshine Properties, LLC	SHO	OULD ANY OF T	DATE THE	SCRIBED POLICIES BE CANG REOF, NOTICE WILL BE Y PROVISIONS.			
2625 Lee Boulevard Lehigh Acres FL 33971	AUTHO	RIZED REPRESEN	ITATIVE				
ranidu voias Lr 338/ I		GAZ-V					

		LOC #:	
ACORD® ADDITION	AL REMA	ARKS SCHEDULE	Page <u>1</u> of <u>1</u>
AGENCY Acrisure Great Lakes Partners Insurance Services POLICY NUMBER		NAMED INSURED Winco Fireworks Mississippi, LLC dba Central Fireworks	
		3732 US Hwy 49 Hattlesburg MS 39401	
CARRIER	NAIC CODE	PERSONAL DATE.	The state of the s
ADDITIONAL REMARKS		EFFECTIVE DATE:	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO A	CORD FORM.		
FORM NUMBER: 25 FORM TITLE: CERTIFICATE		NSURANCE	
LANDOWNER: GULF COAST SUNSHINE PROPERTIES, LLC ADDITIONAL INSURED: FRANK'S FIREWORKS INC.; JOB SA	)		
ADDITIONAL INSURED: FRANK'S FIREWORKS INC.; JOB S	ALDANA; DESTI	NEE RODRIGUEZ; MAKAYLA RODRIGUEZ	

AGENCY CUSTOMER ID:



