

EVENT PERMIT



Ordinance 17-08

Greek Fest

PERMIT NUMBER:

TMP2025-00002

Date(s) of Event:

February 21, 2025 - February 23, 2025

Property Owner:

ANNUNCIATION OF THE VIRGIN MAR

Applicant:

Mike Stamatopoulos

2392334028

Description:

Greek Fest is a 3 day festival filled with delicious food, folk dance performances, music, church tours, and kids zone. This is a fundraiser for Annunciation Greek Orthodox Church and all festival activities take place on the church grounds. This will be from February 21, 2025 through February 2025 Friday and Saturday from 11:00AM until 11:00PM and

Sunday from 11:00AM until 7:00PM

Location of event:

8210 CYPRESS LAKE DR, FORT MYERS, FL 33919

Annunciation Greek Orthodox Church

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

No

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



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Greek Fest

TMP 2025-00002



Event Application

SPECIAL EVENT PERMIT
USE OF COUNTY PROPERTY PERMIT
$\hfill \square$ 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	Greek Fest
Date(s) of Event / Production:	February 21-23, 2 005 2 - 2 5
Location(s) of Event:	Annunciation Greek Orthodox Church
Name of Applicant:	Mike Stamatopoulos
Applicant Address:	8210 Cypress Lake Drive
Applicant Phone Number:	239-233-4028
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	greekfestfortmyers@gmail.com
Estimated Attendance:	~8,000 over 3 days
Event Description: Include each activity, when activities take place, etc.	Greek Fest is a 3-day festival filled with delicious food, folk dance performances, music, church tours, and kids zone. This is a fundraiser for Annunciation Greek Orthodox Church and all festival activities take place on the church grounds.
Hours of Operation:	Friday & Saturday 11am-11pm, Sunday 11am-7pm
STRAP # of Parcel:	22-45-24-00-00001.018A
Owner of Premises*:	Annunciation Greek Orthodox Church

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



What is the Zoning Classification of the $$	premises? CFPD (Church)	
Are any temporary structures to be inst	alled for the event? 🛛 Yes 🔲 No	Type: Tents
Do you have the appropriate permits fo	r the temporary structures?	∀es
* For a 'Special Event' and 'Use of Countidentified, including all parking areas. Insurance Company Insuring the Event:	ty Property' permit, submit a site plan wit Stewart & Sons	h all proposed facilities and activities
Note: Certificate of Insurance must be submitted		
Surety Company Bonding this Event (Na		
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes	⊠ Yes ☐ No	⊠ Yes □ 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.
Providing Food:	nnunciation Greek Orthodox Churc	
Type of Food being Served: Greek Cu	uisine - gyros, souvlaki, pastiche, m	noussaka, baklava, lamb, etc.
Section II - USE OF COUNTY PI	ROPERTY PERMIT	
Organization Sponsoring the Event:		
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Cou	Inty Property? . Only non-profit organizations can sell alcohol on Count	X Yes X No y Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	nber: FEIN: 59-6606805	
Please note: A permit from the State of Florida	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for

further details



	Special TV S	eries / Pilot		TV Commer	cial	Still	Photos	
Public Servic	ce Announcement 🔲 Indus	trial / Documentary		Other:			The Place and the Last performance of the Last page 2 and the	
ill any of the fo	ollowing be needed or includ	ed*?						
St	reet Closure			☐ Yes		lo		
- Tr	raffic / Crowd Control			☐ Yes		No		
Fi	re or Burning			☐ Yes		No		
Ex	xplosives or Pyrotechnics			☐ Yes		No		
A	nimals, Large or Small			☐ Yes		No		
Co	onstruction of Any Kind			☐ Yes		No		
La	arge and/or Numerous Vehic	es		☐ Yes		No		
H	elicopters, Boats, etc.	_		☐ Yes		No		•
St	tunts			☐ Yes		No		
0	ther			☐ Yes		No		
	g Poguiromente:							
Special Parkin	g Requirements:							
	g Requirements: y Services Required: (Personr	el, equipment, facili	ities, et	c.)				
		el, equipment, facili	ities, et	c.)				
		el, equipment, facili	ties, et	c.)				
City or County The following		ocal and state record	ls on pr	oduction in F		o track t	he econom	ic impac
City or County The following the industry. I	y Services Required: (Personr information is required for lo f exact figures are not availa	ocal and state record	ls on pr	oduction in F ely as possible	е.	o track tl		ic impac
City or County The following	y Services Required: (Personr information is required for lo f exact figures are not availa	ocal and state record ble, please estimate	ls on pr as close	oduction in F ely as possible Num	е.			ic impac
City or County The following the industry. I	y Services Required: (Personr information is required for lo f exact figures are not availant:	ocal and state record ole, please estimate Number in Crew:	ls on pr as close pent in L	oduction in F ely as possible Num	е.			ic impac

Page | 3



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.



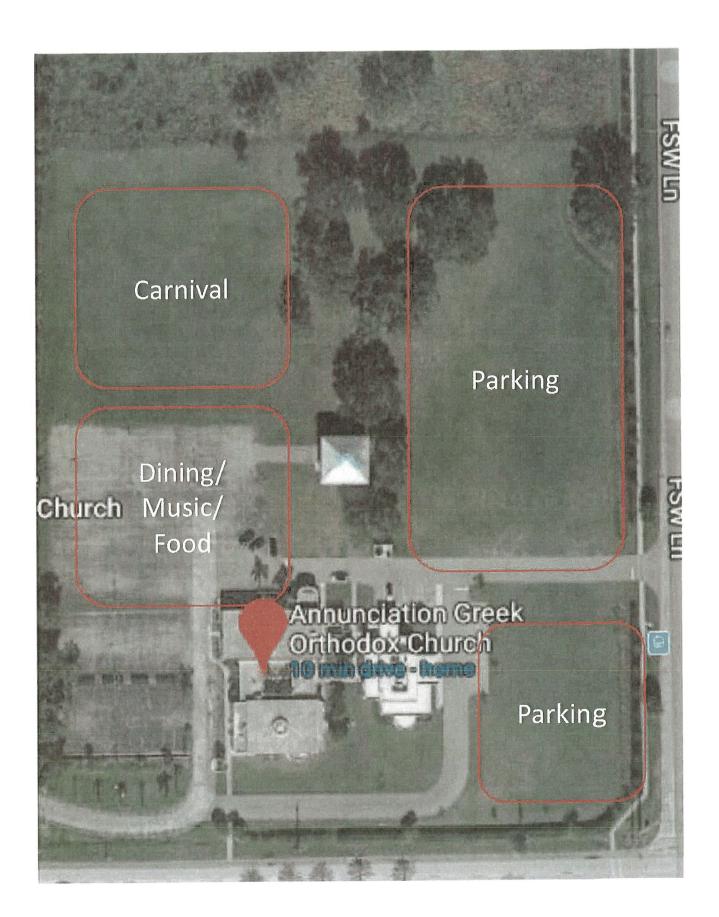
SECTION V - AGREEMENT

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
Mike Stamatopoulos	John Stamatopoulos
Print Name of Applicant and Title	Print Name of Witness
1/6/25	1/6/25
Date	Date





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

Check the appropric	te box(es) below:
SPECIAL EV	ENT PERMIT
•	JNTY PROPERTY PERMIT
,	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only. Event should not impede the flow of traffic in any way.
Deputies (How Many?):	Day 1 -2 deputies from 1500-1900, 3 deputies 1900-0000 & 1 supervisor 1900-0000 Day 2- 2 deputies from 1100-1900, 3 deputies 1900-0000 & 1 supervisor 1900-0000 Day 3- 2 deputies 1100-1900
Fee for Services:	Contact the Details Unit to set detail up and pay for detail in advance.
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Special Arrangements:	Should the event impede traffic in the area, additional deputies will be brought in at a cost to the applicant for traffic control. All amplified music must be in compliance with Lee County FL noise ordinance to include but not limited to monitoring all noise levels during event, especially at night. Event coordinator will need to pay special attention to the time and the noise levels at that time as not to exceed what is allowed by law. Any complaints will be evaluated and handled accordingly by LCSO.
·	
	Print Name: P. Commiss

Signature:

Title:

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 appropriate 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	ит
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	NA
Fee for Services:	\$274
Flammable Vegetation:	10ft clearance from all tents, LP tanks, feul-powered equipment.
First Aid Equipment:	Call 911 in the event of an emergency.
Fire Extinguishing:	ABC fire extinguishers shall be provided throughout tents. Class K extinguishers shall be provided where deep fryers are used.
Special Arrangements:	NA
	Print Name: Jackielou Mozes Signature: Fire Marshal Date: 12/16/2024



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

Check the appropriat	te box(es) below:
SPECIAL EVI	
Parameter	JNTY PROPERTY PERMIT
· and	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	(T
	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE 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 follow all CDC and FDOH directives, and Florida Governor's Orders concerning health and
ĺ	safetv
Fee for Services	
	Not applicable.
ļ	DI
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage email emsdetail@leegov.com
	B. Scott Roy
	Print Name:
	Signature: V. Sow W. Y.
	Title: Captain, EMS Operations
	Date: 12/17/2024



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

спеск тпе арргоргі	ate box(es) be	IOW:
**************************************	UNTY PROPERTY	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	/IIT	
		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:		nty 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:	
	Title:	Project Manager
	Date:	12/16/2024



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

Check the appropri	iate box(es) be	low:
J⊠ SPECIAL E\	/ENT PERMIT	
☐ USE OF CO	OUNTY PROPERTY	PERMIT
T PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERN	ΛΙΤ	
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, I LICANT TO COMI	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	N/A	
mannadoni		
Parking Areas:	N/A	
Constal Assessment and the	N/A Counting	
Special Arrangements:	IN/A - Event is not o	on Parks and Rec property and will not affect county park operations or programs.
	Print Name:	Colleen Via
	Signature:	Collee Via
	Title:	County Wide Services Project Manager
	Date:	12/17/2024

Not on Park Props - Greek Fest 2/21-2/23/2025 Page 110



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

Check the appropriate box(es) below:

SPECIAL EVE	NT PERMIT		
USE OF COU	NTY PROPERTY	PERMIT	
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	Y FACILITIES
FILM PERMI	Γ		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	S YOUR ORGANIZATION
nsurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million I otect against bodily injury and/or property damage relative event within Lee County.	
	Certificate Must I	Read As:	
	and public officia with regard to ge	litical subdivision and Charter County of the State of Floridals are automatic additional insureds and includes an autone eneral liability. The certificate holder is an additional insured basis with regards to general liability.	natic waiver of subrogation
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required covion and Charter County of the State of Florida, P.O. Box 398 older and as an additional insured as listed above.	
	Subject to proof	of insurance.	
	Print Name:	Mike Figueroa	
	Signature:	This frie	
	Title:	Risk Program Manager	
	Date:	January 6, 2025	

CERTIFICATE OF LIABILITY INSURANCE

GREEK-1

OP ID: SP

DATE (MM/DD/YYYY) 01/06/2025

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). PRODUCER Stewart & Sons Ins. Inc. Stewart & Sons Insurance, Inc. (A/C, No, Ext): 239-936-8844 E-MAIL P.O. Box 60029 FAX (A/C, No): 239-275-4446 Ft. Myers, FL 33906-0029 Stewart & Sons Ins. Inc. ADDRESS: info@stewartandsonsinsurance.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Cincinnati Specialty Underwrit 13037 INSURED Annunciation of the Virgin **INSURER B:** Mary Greek Orthodox Church INSURER C: 8210 Cypress Lake Drive Ft. Myers, FL 33919 INSURER D : 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 TYPE OF INSURANCE POLICY NUMBER LIMITS A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) Х CSU0246179 02/25/2025 02/20/2025 100,000 \$ 1,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE \$ X POLICY PRO-2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ \$

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

Greek Festival 2/20/2025- 2/25/2025

P.O. Box 398 Fort Myers, FL 33902

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

EXCESS LIAB

DED

(Mandatory in NH)

Premises: 8210 Cypress Lake Drive, Ft. Myers, FL 33919

Lee County, a political subdivision and Charter County of the State of Florida

OCCUR

CLAIMS-MADE

N/A

OK 01/06/2025

CERTIFICATE HOLDER

CANCELLATION

LEECO-8

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

EACH OCCURRENCE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

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AUTHORIZED REPRESENTATIVE

Say WAZA