



# EVENT PERMIT

Ordinance 17-08



## 2025 Walk Like MADD & MADD Dash Fort Myers 5K

**PERMIT NUMBER:** TMP2025-00081

**Date(s) of Event:** May 10, 2025 from 7:00AM-11:00AM.

Property Owner: LEE COUNTY

Applicant: Lauren Hawkins  
239-791-4560

Description: May 10, 2025. 5K run and walk within Jet Blue Park at Fenway South and surrounding neighborhood for the annual Mothers Against Drunk Driving fundraiser and memorial event.

Location of event: 11500 FENWAY SOUTH DR, FORT MYERS, FL 33913  
**Jet Blue at Fenway South**

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

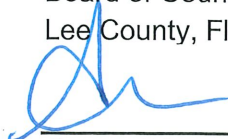
Will there be alcohol consumed or sold at the event ? No

Will a bond be posted for this event ? No

**Permit Conditions:**

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners  
Lee County, Florida

  
County Manager

3/17/25  
Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

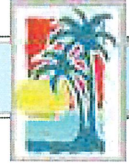
Film, Video  
&  
Photography

2025 Walk Like  
MADD + MADD DASH  
FORT MYERS 5K

TMP 2025-00081



## 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

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	2025 Walk Like MADD & MADD Dash Fort Myers 5K
Date(s) of Event / Production:	05/10/2025
Location(s) of Event:	JetBlue Park at Fenway South
Name of Applicant:	Mothers Against Drunk Driving
Applicant Address:	511 East John Carpenter FWY. Ste 200, Irving, Texas, 75062 (Local Mailing Address: 13650 Fiddlesticks Blvd. Suite 202-144, Fort Myers, FL, 33912)
Applicant Phone Number:	239-791-7560
Contact Person: (If different from applicant)	Local Contact: Lauren Harkins
Contact Phone Number: (If different from applicant)	
Email Address:	Local Contact: lauren.harkins@madd.org
Estimated Attendance:	400
Event Description: Include each activity, when activities take place, etc.	5K run and walk within JetBlue Park at Fenway South and in the surrounding neighborhood for the annual Mothers Against Drunk Driving fundraiser and memorial event.
Hours of Operation:	7am-11am
STRAP # of Parcel:	
Owner of Premises*:	Red Sox Baseball Club Limited Partnership

\*Notarized statement from the property owner specifically consenting to the proposed use required.

## Lee County Event Permit Application



What is the Zoning Classification of the premises? \_\_\_\_\_

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ 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: Philadelphia Indemnity Insurance Company

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

Surety Company Bonding this Event (Name and Address): Arthur J. Gallagher Risk Management Services

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☐ Yes ☒ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: N/A

Type of Food being Served: Water/Hydration available

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: N/A

### Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? Yes ☐ No ☐

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: \_\_\_\_\_

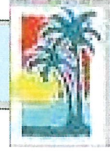
(Required if alcohol is to be **SOLD** at the event)

N/A - Tried to select "no" in the box above and it selected both Yes and No. Alcohol will NOT be on premises.

**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



## Lee County Event Permit Application



Type of Production (choose all that apply):

<input type="checkbox"/> TV Movie or Special	<input type="checkbox"/> TV Series / Pilot	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Still Photos
<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> Industrial / Documentary	<input type="checkbox"/> Other: _____	

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

Street Closure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

Street closures and traffic control based on MOT for the 5K route.

Special Parking Requirements:

N/A

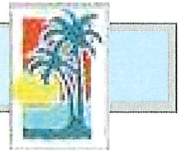
City or County Services Required: (Personnel, equipment, facilities, etc.)

N/A

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: <u>N/A</u>	Number in Crew: <u>N/A</u>	Number of locals hired: <u>N/A</u>
Total budget: <u>N/A</u>	Estimate amount spent in Lee County: <u>N/A</u>	
Hotel room nights: <u>N/A</u> <small>number of rooms x number of nights</small>	Number of shooting days: <u>N/A</u>	

## Lee County Event Permit Application



### 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.





Lee County Event Permit Application

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.

Mothers Against Drunk Driving:

DocuSigned by:  
Traci McMillan  
Signature of Applicant  
Traci McMillan

VP, Mission Operations  
Print Name of Applicant and Title

2/4/2025  
Date

Signed by:  
Alma Puga  
Witness

Alma Puga  
Print Name of Witness

2/6/2025  
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:

All parking for event will be in authorized areas only on site & will not impede the normal flow of traffic.

Deputies (How Many?):

1 supervisor and 6 deputies will be required for traffic control throughout race course.

Fee for Services:

Contact Details Unit 239-477-1171 for further information.

Special Arrangements:

Event coordinator is responsible for hiring company to handle all maintenance of traffic that is required for road & lane closures. Extra duty detail deputies will be present while roadways and travel lanes are shut down and will remain on posts until closures are reopened. Volunteers will be permitted to post out of the roadway to assist participants as needed but will not be responsible for handling any road closures or direction of traffic.

Print Name:

P. Cummins

Signature:

*[Handwritten Signature]*

Title:

Support Services

Date:

2 18 25



## 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?)	N/A
Fee for Services:	FEES PAID
Flammable Vegetation:	N/A
First Aid Equipment:	CALL 911 IF NEEDED
Fire Extinguishing:	N/A
Special Arrangements:	CONTACT LEE PARKS TO ARRANGE FOR BACK GATE NEAR STATION 64 TO BE OPEN FOR EVENT.

Print Name: Nate Burley

Signature: Nate Burley  
Digitally signed by Nate Burley  
Date: 2025.03.12 12:44:54 -04'00'

Title: Division Chief - Fire & Life Safety

Date: MARCH 12, 2025

## Lee County Event Permit Application



## EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100  
FORT MYERS, FL 33901  
(239) 533-3911

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.

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.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at EMSDetail@leegov.com.

Print Name: B. Scott Roy

Signature:

Captain, EMS Operations

Title:

Date:

3-2-25



Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION

1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580

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:

No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress:

Please use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control as needed.  
Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman

Digitally signed by Nathaniel C. Thoman  
Date: 2025.02.26 07:45:50 -05'00'

Title: Project Manager

Date: 02/26/2025

Lee County Event Permit Application



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

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.

Illumination:

All illuminations must follow county ordinance and FAA regulations. Event organizer must provide their own temporary lighting as needed for safety during event set up and breakdown.

Parking Areas:

Event organizer is responsible to direct patrons to the designated parking locations. Must work with on-site staff to ensure that vehicles do not block driveways and private roadways so emergency vehicles have clear access. Organizer must provide adequate staff/volunteers along with directional signage for the event.

Special Arrangements:

Event organizer is responsible to provide adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. Work with Red Sox staff and the on-site park staff to designate the debris/trash collection area during and after the event.

Participants and spectators must disperse and leave the park area to seek safe shelter in their vehicles during lightning alerts and threatening weather.

Print Name: Colleen Via

Signature:

Title:

Countywide Service Manager

Date:

2/11/2025

Jet Blue MADD Dash 5K  
5/10/2025



Lee County Event Permit Application



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

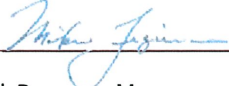
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- ☒ SPECIAL EVENT PERMIT  
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☐ FILM PERMIT

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

Insurance Requirements:	<p>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.</p> <p>Certificate Must Read As:</p> <p>Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.</p>
Special Arrangements:	<p>A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.</p> <p>Subject to proof of insurance.</p> <p>Updated COI will be needed prior to the event.</p>

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: February 10, 2025

**Lee County Event Permit Application**



**LEE COUNTY VISITOR & CONVENTION BUREAU  
2201 SECOND STREET, SUITE 600  
FORT MYERS, FLORIDA 33901  
(239) 338-3500**

*Check the appropriate box(es) below:*

☐ FILM PERMIT ONLY

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

Special Arrangements:

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Other:

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Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2024

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 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251	<b>CONTACT NAME:</b> Lori Rose <b>PHONE (A/C, No, Ext):</b> 972-663-6122 <b>E-MAIL ADDRESS:</b> Lori_Rose@ajg.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 200 Irving TX 75062-3983	<b>NAIC #</b> 18058

**COVERAGES**

CERTIFICATE NUMBER: 1088072697

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:  <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PHPK2666930	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: Event Description: 2025 Walk Like MADD &amp; MADD Dash Fort Myers 5K

Date of Event: May 9, 2025, May 10, 2025

Name of Contract: FACILITY EVENT LICENSE AGREEMENT

Boston Red Sox Baseball Club, LP, New England Sports Ventures LLC, N.E., S.V I, LC, N.E.S.V II LLC N.E.S.V.IV LLC Lee county and NESV Florida Real Estate, LLC are included as Additional Insured on the General Liability policy where required by written contract. Waiver of subrogation applies to Additional insured on General Liability policy as required by written contract. Producer will endeavor to mail 30 days written notice to the Certificate Holder named on the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

**CERTIFICATE HOLDER****CANCELLATION**

Boston Red Sox Baseball Club Limited Partnership Attn: Brennan Whitely 4 Yawkey Way, Boston MA MA 02215	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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11922 Fairway Lakes Dr., Ste. 1  
Fort Myers, FL 33913

[www.gatewaydistrict.org](http://www.gatewaydistrict.org)

Flavia Walsh, Chair | Ed Tinkle, Vice Chair | Doug Banks, Supervisor | Bob Geppert, Supervisor | Carole Pankau, Supervisor

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February 14, 2025

Lauren Harkins  
Special Events Manager  
Mothers Against Drunk Driving  
Southwest Florida Office  
13650 Fiddlesticks Blvd. Suite 202-144  
Fort Myers, FL 33912

**RE: Event Authorization Letter**

Dear Ms. Harkins,

I am writing on behalf of Gateway Services Community Development District to grant permission for the 2025 Walk Like MADD & MADD Dash Fort Myers 5K to utilize GSCDD roads and sidewalks on May 10, 2025, from 7:30 a.m. to 8:30 a.m. providing for all proper Maintenance of Traffic to be handled by the event organizer or their designee.

Please be advised that we require the event to abide by all applicable laws and regulations, and to take all necessary precautions to ensure the safety of participants, spectators, and nearby residents.

Following the conclusion of the event, all roads and sidewalks within the District are to be returned to their original condition prior to the event.

Should you have any questions or concerns, please do not hesitate to contact me.

Thank you for your attention to this matter.

Respectfully,

Chelsea O'Riley  
District Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2025

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 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251	<b>CONTACT NAME:</b> Lori Rose <b>PHONE (A/C, No, Ext):</b> 972-663-6122 <b>E-MAIL ADDRESS:</b> Lori_Rose@ajg.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 200 Irving TX 75062-3983	<b>NAIC #</b> 18058

**COVERAGES**

CERTIFICATE NUMBER: 1218260466

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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			PHPK2666930	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: Event Description: 2025 Walk Like MADD & MADD Dash Fort Myers 5K | Date of Event: May 10, 2025 | Name of Contract: Lee County Permit | MADD Chapter or Affiliate: 61240-0000 - FL Southwest

**CERTIFICATE HOLDER****CANCELLATION**

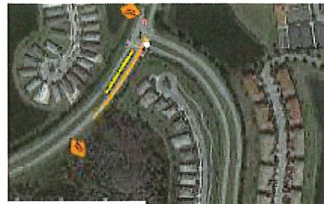
Gateway Services Community Development District  
11922 Fairway Lakes Drive Ste. 1  
Fort Myers FL 33913

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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**TABLE 3  
WORK ZONE SIGN SPACING "X"**

Road Type	Minimum Spacing (feet)
Arterials and Collectors with Work Zone Speed $\leq 40$ mph	200
Arterials and Collectors with Work Zone Speed $\geq 45$ mph	500
Limited Access Roadways (See Note)	1,500

**NOTE:**  
For Limited access roadways with work zone speed  $\leq 55$  mph, the minimum spacing may be reduced in accordance with the MUTCD and as approved by the Engineer.

**TABLE 1  
CHANNELIZING DEVICE SPACING**

Work Zone Speed (mph)	Maximum Spacing (feet)			
	Cones or Temporary Tubular Markers		Type I Barricades, Type II Barricades, Vertical Panels, or Drums	
	Taper	Tangent	Taper	Tangent
$\leq 45$	25	50	25	50
$\leq 50$	25	50	50	100

**TABLE 2  
TAPER LENGTH "L"**

FORMULAS	
$S \leq 40$	$L = (WS^2)/60$
$S \geq 45$	$L = WS$

Where:  
L = Taper Length in feet  
W = Width of Offset in feet  
S = Work Zone Speed in mph

**EXAMPLE "L" VALUES**

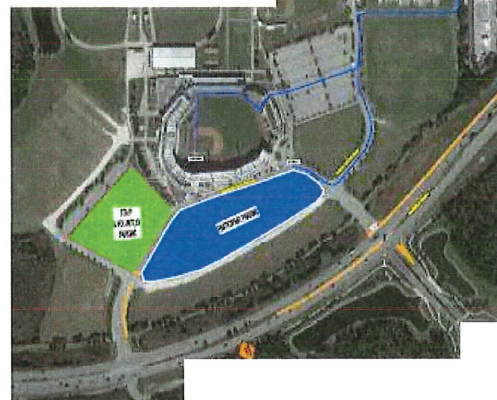
S	W			
	5	10	12	
25	52	104	125	
35	102	204	245	
45	225	450	540	
55	275	550	660	
65	325	650	780	

**TABLE 4  
BUFFER LENGTH "B"**

Work Zone Speed (mph)	Minimum Length (feet)
25	155
30	200
35	250
40	305
45	360
50	425
55	495
60	570
65	645
70	730

**NOTE:**  
When Buffer Length "B" cannot be attained due to geometric constraints, use the greatest length possible, but not less than 155 feet.

**FDOT**  
**Certification:** Has Completed a FDOT Approved Temporary Traffic Control Advanced Course  
**617215**  
**Issued:** 11/20/2023 **Training Provider:** Access Safety Compliance Training  
**Expires:** 11/09/2027 **11491 SW Rossano Ln, Port St. Lucie, FL 34987, Ph: 888-350-8913**  
**Instructor:** R  
 Verify this Certificate at [www.motadmin.com](http://www.motadmin.com)

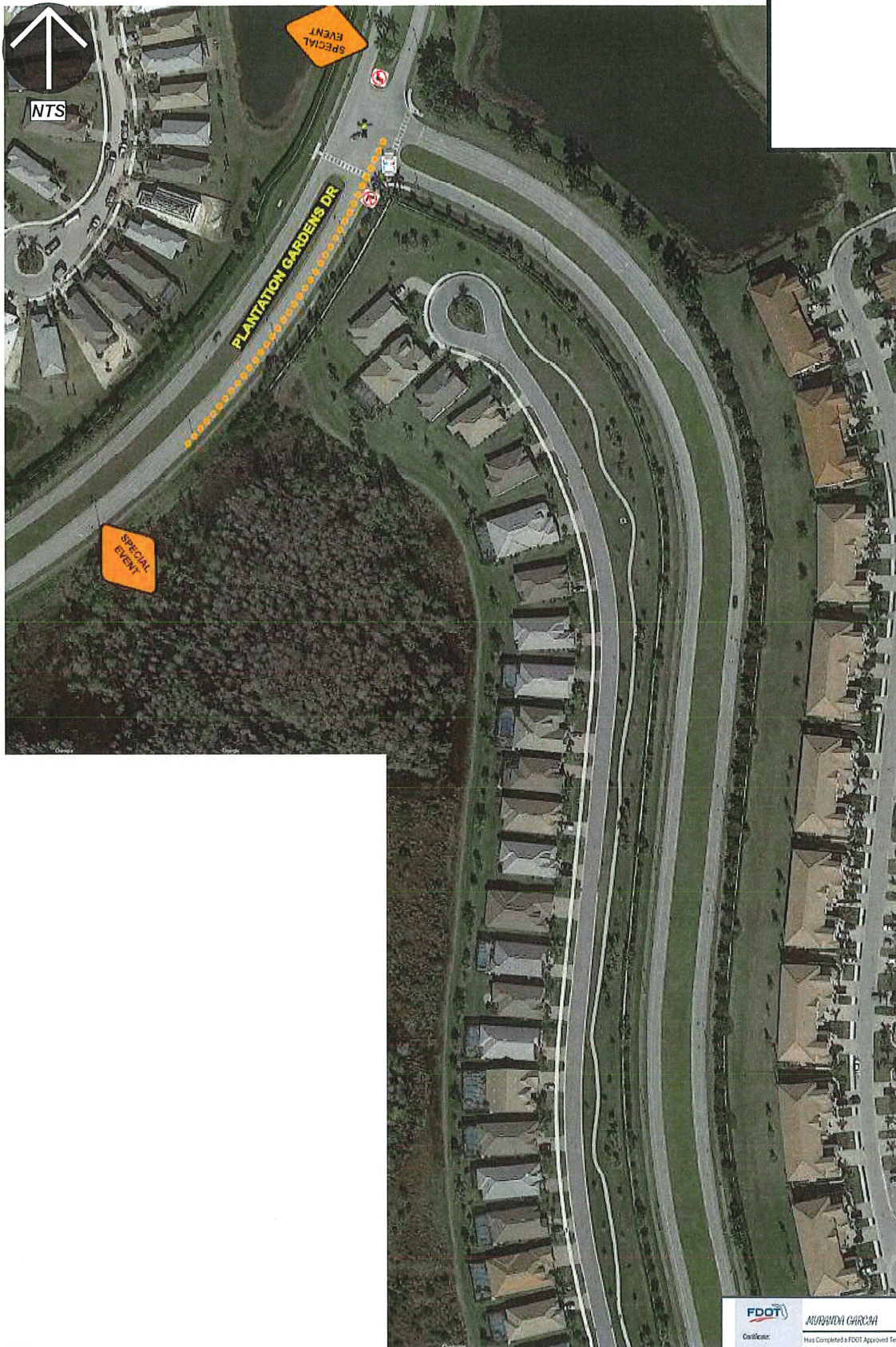


**Legend**

- CHANNELIZED DEVICE
- RUN ROUTE
- WALK ROUTE
- Work Area

NO.	BY	REVISIONS DESCRIPTION	DATE	COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JoeBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5K DATE 2/8/2024	1

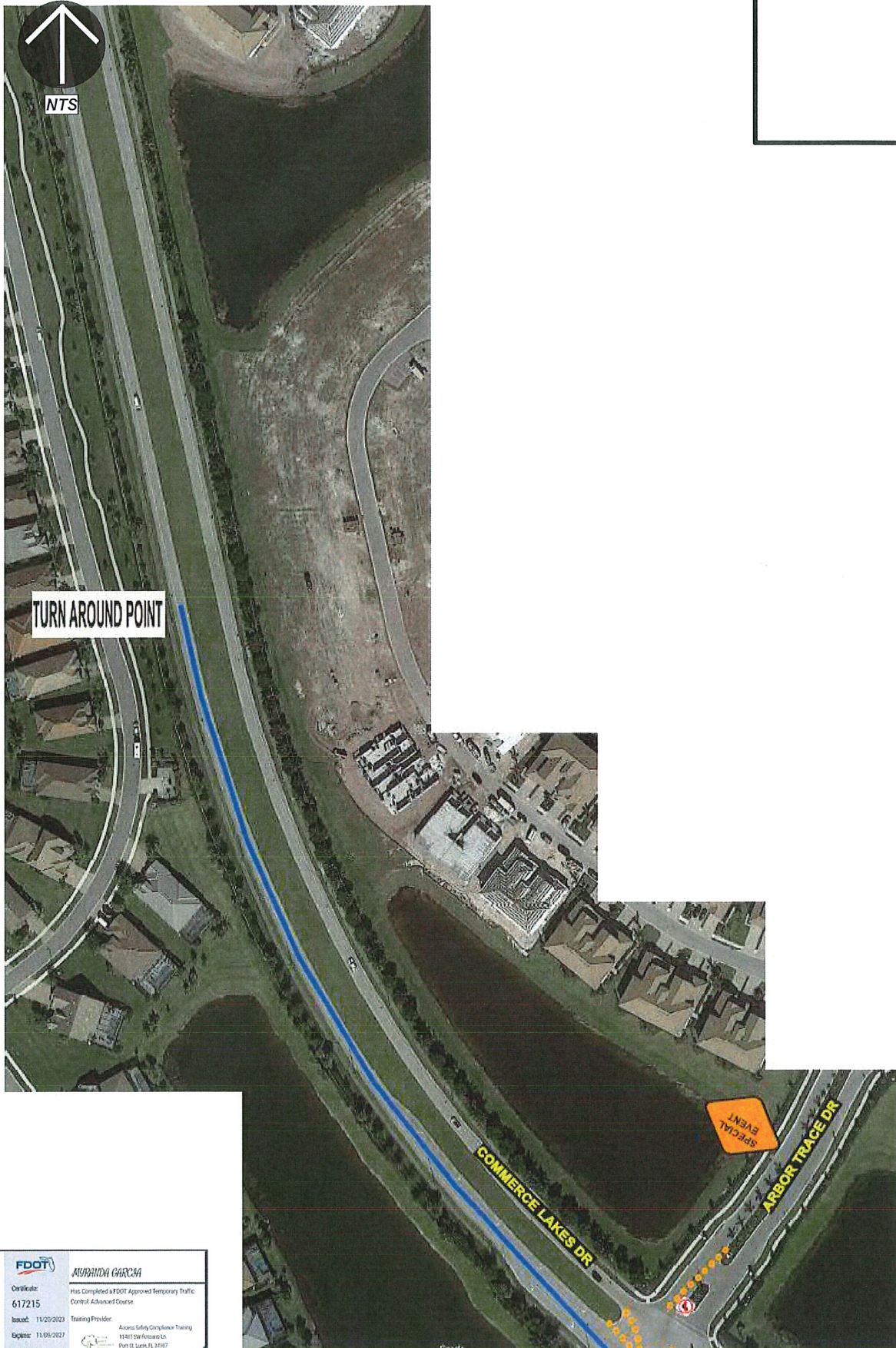




<b>FDOT</b> <b>617215</b> Issued: 11/20/2023 Expires: 11/09/2027 Instructor: R		<b>ALABASTER CHEN</b> Has Completed a FDOT Approved Temporary Traffic Control Advanced Course Training Provider: Access Safety Compliance Training 11401 SW 10th Ave, Suite 101 Fort Lauderdale, FL 33307 P.O. Box 120210 Verify this Certificate at <a href="http://www.mvflorida.com">www.mvflorida.com</a>	
--	--	--	--

REVISIONS			COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.		SHEET NO.
NO.	BY	DESCRIPTION					DATE	DATE	
			LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k	2/8/2024	2





		<b>MARANDA GARCIA</b> Certificate: 617215 Issued: 11/20/2023 Expires: 11/01/2027 Issued by: II		Has Completed a FDOT Approved Temporary Traffic Control Advanced Course Training Provider: Accura Safety Compliance Training 11401 SW Research Ln. Fort Lee, FL 33407 Ph: 561-530-0613 Verify this Certificate at <a href="http://www.fdotfla.com">www.fdotfla.com</a>	
--	--	--	--	---	--

REVISED BY	REVISIONS DESCRIPTION	DATE	COUNTY / CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
			LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k DATE 2/8/2024	3

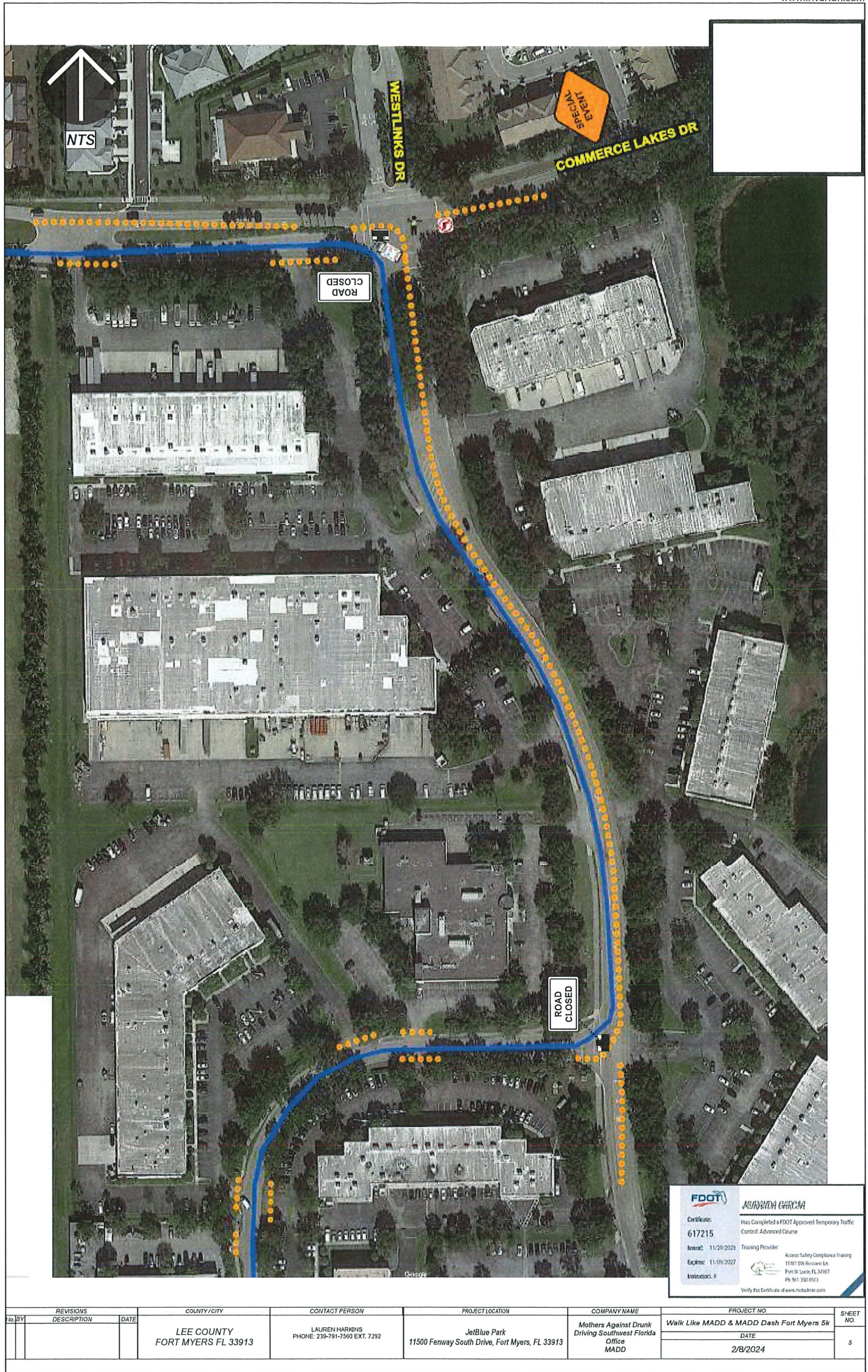




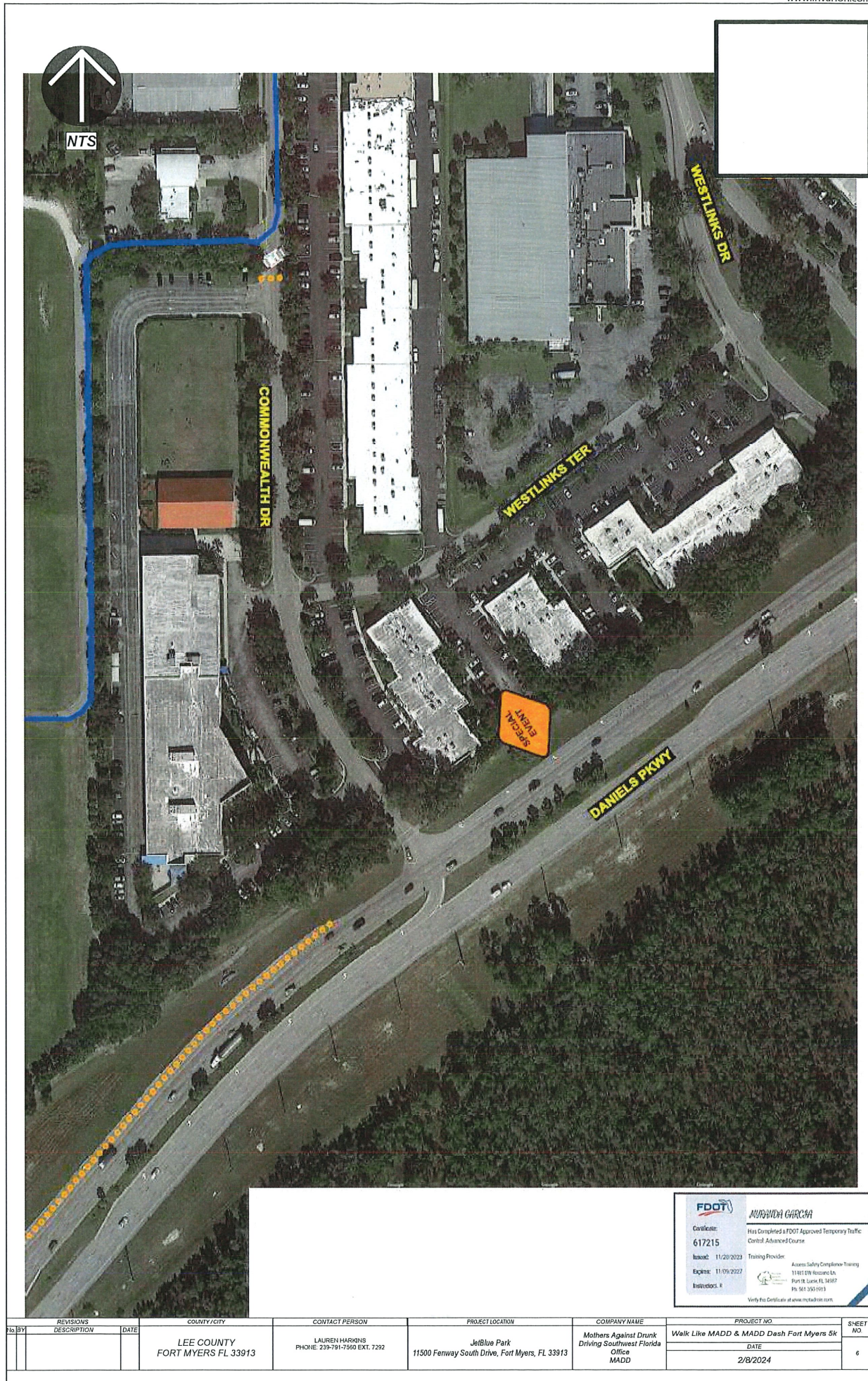
**FDOT**  
**ALONDRA GARCIA**  
 Certificate: 617215  
 Has Completed a FDOT Approved Temporary Traffic Control Advanced Course  
 Issued: 11/29/2023  
 Training Provider: Access Safety Compliance Training  
 Expires: 11/09/2027  
 Institution: 11501 SW Research Ln, Fort St. Louis, FL 34947, Ph: 561-350-6033  
 Verify the Certificate at [www.mctadviser.com](http://www.mctadviser.com)

REVISED	DESCRIPTION	DATE	COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
617215			LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k DATE 2/8/2024	4









**FDOT**

Certificate: 617215

Issued: 11/20/2023

Expires: 11/09/2027

Inspectors: 4

**MURAWIOWA GARCIA**

Has Completed a FDOT Approved Temporary Traffic Control Advanced Course

Training Provider: Access Safety Compliance Training

11815 SW 18th Ave, Fort Lauderdale, FL 33327

Ph: 561-250-9113

Verify this Certificate at [www.mtcadviser.com](http://www.mtcadviser.com)

NO.	BY	REVISIONS DESCRIPTION	DATE	COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5K	6
								DATE 2/8/2024	





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/31/2025

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 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251	<b>CONTACT</b> NAME: Lori Rose PHONE (A/C, No, Ext): 972-663-6122 FAX (A/C, No): E-MAIL ADDRESS: Lori_Rose@ajg.com														
<b>INSURED</b> Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 200 Irving TX 75062-3983	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : PhiladelphiaIndemnityInsuranceCompany</td><td>18058</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : PhiladelphiaIndemnityInsuranceCompany	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : PhiladelphiaIndemnityInsuranceCompany	18058														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

## COVERAGES

CERTIFICATE NUMBER: 725625824

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC OTHER:	Y		PHPK2666930	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> 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				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: Event Description: 2025 WLM Fort Myers 5K; Date of Event: May 10, 2025; Name of Contract: Lee County Permit Contract; MADD Chapter or Affiliate: 61240-0000 - FL Southwest  
Lee County Board of County Commissioners is an additional insured as respects to the General Liability where required by written contract.

OK 02/10/2025

Updated COI will be needed prior to event

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of County Commissioners Attn: Mike Figueroa P.O Box 398 Fort Myers, FL 33902	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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**SOUTH TRAIL FIRE PROTECTION  
& RESCUE SERVICE DISTRICT**  
Established 1965

"Compassion, Commitment, Courage"

03/12/25

**JETBLUE PARK**

11500 FENWAY SOUTH DR  
FORT MYERS, FL 33913

**Inspection #** 65381 **Inspection Type:** Special Event Permit

**Property #:** 3541 **Occupancy Type:** Assembly

**Inspection History**

Inspection Date	Status	Inspected By
03/12/25	No Violations Found	Inspector BURLEY

**Inspection Remarks**

WALK LIKE MADD EVENT

DATE: MAY 10, 2025

TIME: 0700-1100

FEES PAID

LEE COUNTY, APPLICANT, AND OPS CHIEF ADVISED. EVENT DOCUMENTS ATTACHED WITH  
INSPECTION REPORT  
3/12/2025 12:54 PM, BURLEY NATHANIEL

**SOUTH TRAIL FIRE PROTECTION &  
RESCUE SERVICE DISTRICT**  
"Compassion, Commitment, Courage"



**NATE BURLEY**  
Division Chief/Fire Marshal  
Cell: (239) 464-1635  
Office: (239) 482-8030  
NBurley@southtrailfire.org

Inspector BURLEY

SOUTH TRAIL FIRE & RESCUE DISTRICT  
C/O FIRE RECOVERY USA, LLC  
P.O. BOX 935667  
ATLANTA, GA 31193-5667



LAUREN HARKINS  
13650 FIDDLESTICKS BLVD STE 202 PMB 144,  
FORT MYERS, FL, 33912-0312

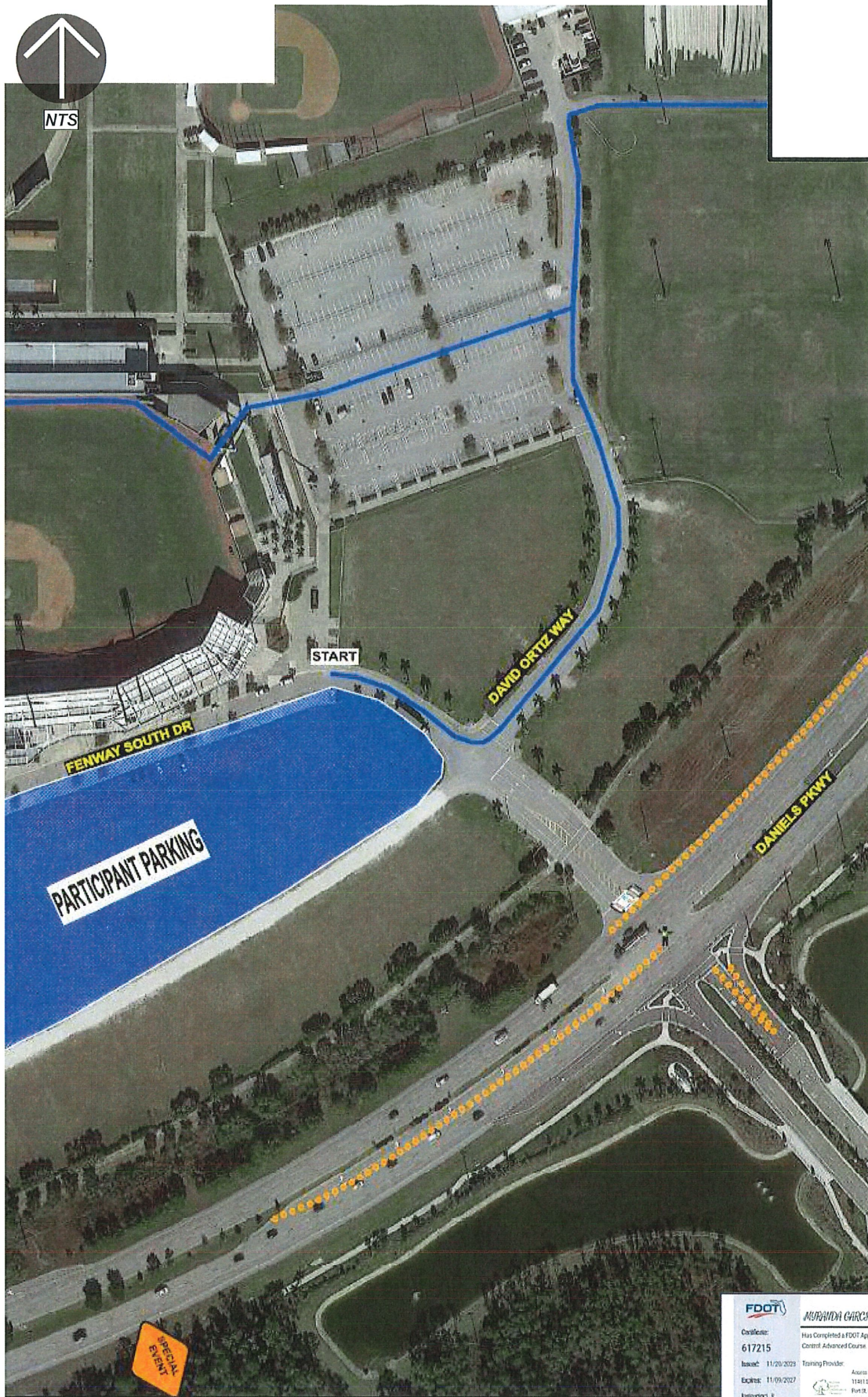


## RECEIPT

<b>Invoice #</b>	25-2892-244
<b>Re:</b>	2025 WALK LIKE MADD EVENT DATE: 5/10/2025 03/10/2025
<b>Date Paid</b>	
<b>Payment Method</b>	Paid \$150.00 via Check
<b>Transaction No.</b>	

Type	Detail	Total
Fee	SPECIAL EVENT REVIEW FEE TYPE I	\$150.00
Total:		\$150.00





<b>FDOT</b>		<b>ADVANCED COURSE</b>	
Certificate:	617215	Has Completed a FDOT Approved Temporary Traffic Control Advanced Course	
Issued:	11/20/2023	Training Provider:	Accuris Safety Compliance Training
Expires:	11/09/2027	11811 20th Boulevard Ln. Fort St. Louis, FL 34987 813 363 3503 (FLS)	
Inspector:	K	Verify this Certificate at <a href="http://www.mctdatabase.com">www.mctdatabase.com</a>	

REVISIONS	COUNTY / CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
NO. BY	DESCRIPTION	DATE				
			LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD
					DATE 2/8/2024	7





<b>FDOT</b>		<b>APPROVED COURSE</b>	
<b>Certificate:</b>	Has Completed a FDOT Approved Temporary Traffic Control Advanced Course		
<b>617215</b>			
<b>Issued:</b>	11/20/2023	<b>Training Provider:</b>	Access Safety Compliance Training
<b>Expires:</b>	11/09/2027		11801 EBR, Riverside Ln.
<b>Instructor:</b>	R		Port St. Lucie, FL 34987
			Ph: 888.355.8913
Verify the Certificate at <a href="http://www.mtcadviser.com">www.mtcadviser.com</a>			

REVISIONS		DATE	COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
NO.	DESCRIPTION							
1			LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k DATE 2/8/2024	8