

# **EVENT PERMIT**



Ordinance 17-08

# North Fort Myers Junior Football Association

**PERMIT NUMBER:** 

TMP2024-00247

Date(s) of Event:

August 1st,2024 thru December 31st, 2024

8:00am until 10:00pm

Property Owner:

LEE COUNTY

Applicant:

ANDREW DILG

239-240-7562

Description:

Pop Warner football August 1,2024 thru December 31,2024

Location of event:

2000 - 2051 NORTH RECREATION PARK WAY, NORTH FORT MYERS, FL 33903

**North Fort Myers Park** 

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

Date

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMORDH- 00247



# **Event Application**

Check the appropriate box(es) below:
SPECIAL EVENT PERMIT
ISE OF COUNTY PROPERTY PERMIT
PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT
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Section I - GENERAL INF	ORMATION (All Permit Types)				
Title of Event / Name of Production	North Fort Myers Junior Football Association				
Date(s) of Event / Production:	ugust 1, 2024-December 31, 2024				
Location(s) of Event:	000 Recreation Park Way orth Fort Myers, Fl. 33903				
Name of Applicant:	Andrew Dilg				
Applicant Address:	P.O. Box 3802 North Fort Myers Fl. 33918				
Applicant Phone Number:	(239)240-7562				
Contact Person: (If different from applicant)					
Contact Phone Number: (If different from applicant)					
Email Address:	nfmjfaknightsboard@gmail.com				
Estimated Attendance:	1000				
<b>Event Description:</b> Include each activity, when activities take place, etc.	Pop Warner Football And Cheer				
Hours of Operation:	8am-10pm				
STRAP # of Parcel:	3543240000011000				
Owner of Premises*:	Lee Country Government				

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



What is the Zoning Classification of the	premises?	
Are any temporary structures to be insta	alled for the event? Yes X No	Туре:
Do you have the appropriate permits for	the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Count identified, including all parking areas.	y Property' permit, submit a site plan wit	h 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 X No	🔀 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.
Name & Address of Organization Providing Food:  Type of Food being Served:	lorth Fort Myers Junior og &Hamburgers	Football Association
Section II - USE OF COUNTY PF	ROPERTY PERMIT	
Organization Sponsoring the Event:	orth Fort Myers Junior	Football Association
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cou		X Yes X 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 num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
<b>Please note:</b> A permit from the State of Florida I further details	Division of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-0885 for



pe of Product	tion (choose all th	nat apply)	:					
TV Movie o	r Special	Т	V Series / Pilot		TV Comme	ercial	Still Phot	os
Public Servi	ce Announcemei	nt 🗀 In	dustrial / Documentary		Other:			
ill any of the	following be nee	ded or inc	luded*?					
S	treet Closure				Yes		No	
Т	raffic / Crowd Co	ontrol			☐ Yes	Г	No	
F	ire or Burning				Yes	Г	No	
E	Explosives or Pyro	otechnics			☐ Yes	Г	No	
Į.	Animals, Large or	Small			☐ Yes	П	No	
C	Construction of A	ny Kind			Yes	Г	No	
L	arge and/or Nun	nerous Ve	hicles		☐ Yes	Г	No	
F	Helicopters, Boat	s, etc.			☐ Yes		No	
9	Stunts				Yes		No	
(	Other				☐ Yes	Г	No	
Special Parkii	ng Requirements	:						
			,					
City or Coun	ty Services Requi	red: (Pers	onnel, equipment, facil	ities, e	tc.)			
		Marie Anno Anno Anno Anno Anno Anno Anno Ann						
			or local and state record ailable, please estimate				a to track the e	conomic impac
Number in Ca	st:		Number in Crew:		Nur	mber of	locals hired:	
Total budget:			Estimate amount s	pent in	Lee County:			\ .
Hotel room ni	ghts:		Number of shootin	g davs:				
				D, o.				



#### **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

114/2024

Witness

**Andrew Dilg** 

Print Name of Applicant and Title

Vanessa Dilg

**Print Name of Witness** 

Date

Data



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check	the	approp	riate	box(e	2s)	belo	w:
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FILM PERMIT

**JUSE OF COUNTY PROPERTY PERMIT** 

AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PI LICANT TO COMPI	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR OF PLY WITH FOR THEIR EVENT.	RGANIZATION		
Parking:	To be handled by event staff. If a large crowd is anticipated, additional deputies should be hired to contain and limit any parking issues.				
Deputies (How Many?):	according to the so play off games. Ac	red per game. This permit page and the detail request form have be schedule that was provided on the application and does not include Additional games that need be added to the schedule at a later submitted via email to the Lee County Sheriff's Office Details units n ance.	any additional		
Fee for Services:	There is a four hou Office Details Unit	our minimum per deputy on all LCSO details. Contact the Lee Cour oit for cost.	ity Sheriff's		
Special Arrangements:	the event may be the event may be the league is respected to ensure the scheduled over the scheduled.	to be paid for in advance no less than one week prior to the start of the paid for in advance, Lee County Parks & Rec will be notified and one the result. LCSO is not responsible for seeking out payments, sponsible for confirming game dates and times prior to the start of the proper coverage. The league is responsible for any time worked led detail times. All changes/additions to game dates or times must lead the league is responsible for any time worked led detail times. All changes/additions to game dates or times must lead the league is the league. Should any game be cancelled/rescheduled, it is the responsible Details Unit via email with 24 hour notice. Failure to do so will responsible to the league is the league is responsible for any time worked lead to the league is responsible for any	d by deputies		
	Print Name: Signature:	P. Congins			
	Title:	Commander			
	Date:	7 19 24			
and the fight and the second of the second o	*******************************				



#### **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

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.

•		
Fire Guards (How Many?)	None	
Fee for Services:	0.00	
Flammable Vegetation:	None	
First Aid Equipment:	Call 911 as needed	bearing of
Fire Extinguishing:	None	
Special Arrangements:	None	***************************************
	Print Name: Monique Brooks  Signature: Monique Brooks  Title: Manager	
	Title: <u>Office Manager</u> Date: 7-31-3024	



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

Check the appropria	te box(es) belov	v:
SPECIAL EV	ENT PERMIT	
☑ USE OF COUNTY	UNTY PROPERTY P	ERMIT
☐ PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
	-	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	Applicants shall fol Orders concerning	llow all CDC and FDOH directives, and the Florida Governor's Executive health and safety.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in toffice at EMSDetai	the event of an emergency. To arrange special event coverage, contact our il@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2024.07.23 06:39:32 -04'00'
	Title:	Captain, EMS Operations
	Date:	July 23, 2024



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

Check the appropri	ate box(es) bel	ow:
SPECIAL EV	ENT PERMIT	
区 USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	No event parking is	permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	plished means of ingress and egress.
Special Arrangements:		ty Sheriff's Office for assistance with traffic control as needed. access and public vehicular access shall be maintained on all surrounding Lee I roads,
	Print Name: Signature: Title:	Nathan Thoman  Nathaniel C. Thoman  Digitally signed by Nathaniel C. Thoman Date: 2024.07.29 09:45:01 -04'00'  Project Manager
	Date:	07/29/2024



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

Check the appropri	ate box(es) bel	ow:
∏   SPECIAL E\	ENT PERMIT	
	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERA	/IIT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Field lights will be t	turned off by 11 pm on Saturday nights.
Parking Areas:		ust develop a parkign plan with parking attendance to ensure all driveways and n and clear for emergency vehicles to access the property and fields.
Special Arrangements:	all the officials and all the Youth Leagu Recreation Ordinar through Lee Count receptacles during	ust provided adequate staff to ensure crowd control and safety of all players, coaches, fans. Follow established guidelines set by the Lee County Sheriff's office. Must follow use Agreement per building, fire and life safety codes as well as the Parks and nce (18-12 and 18-27). Ensure any outside vendors are approved as mobile vendors by Parks and Recreation. Ensure all litter and trash debris is disposed of in the proper and after all events. Participants and spectators must disperse and leave the park nelter during lightning alerts and threatening weather.
	Print Name: Signature: Title:	Colleen Via  Collee Via  Countywide Services Manager
	Date:	7/31/2024

Morth-NFM Kights Youth Football

9/9, 10/5, 10/12/2024 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 appropriat	te box(es) be	low:
SPECIAL EVE USE OF COU PERMIT TO S FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	limits of One Mill property damage Certificate Must Lee County, a po and public officia with regard to go	eral liability insurance to include participant legal liability coverage with minimum ion Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or e relative to applicants use of aforementioned event within Lee County.  Read As:  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	isurance 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 lder and as an additional insured as listed above.  of insurance.
	Print Name: Signature: Title:	Mike Figueroa  Mike Figueroa  Risk Program Manager
	Date:	July 16, 2024

ACORD™

#### ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2024

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 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). CONTACT K&K INSURANCE GROUP, INC. Anita Bliss NAME: 1712 MAGNAVOX WAY PHONE PO BOX 2338 (A/C, No. Ext): 800-441-3994 x5569 or x5053 FORT WAYNE IN 46801 pop.warner@kandkinsurance.cor insurer(s) Affording Coverage ADDRESS: NAIC # INSURED INSURER A: Granite State Insurance Company 23809 MEMBER NO: National Union Fire Insurance Company of Pittsburgh. INSURER B: 19445 North Ft. Myers Junior Association 2205 SE 10TH TER 16535 INSURER C: Zurich American Insurance Company Cape Coral, FL 33990 INSURER D: INSURER E: INSURER F: **CERTIFICATE NUMBER:**W00005401 REVISION NUMBER: COVERAGES 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) POLICY NUMBER TYPE OF INSURANCE (MM/DD/YYYY) LTR \$1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE X DAMAGE TO RENTED \$1,000,000 A CLAIMS-MADE X OCCUR 08/01/2024 08/01/2025 9RAIL0003450266601 PREMISES (Ea occurrence) 12:01 AM 12:01 AM Evolutied MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 \$3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-\$1,000,000 PRODUCTS-COMP/OP AGG POLICY LOC JECT PARTICIPANT LEGAL LIABILITY \$1,000,000 OTHER. COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea Accident) ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED BODILY INJURY (Per accident) AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS ONLY AUTOS ONLY (Per accident) EACH OCCURRENCE UMBRELLA LIAR OCCUR B AGGREGATE EXCESS LIAB CLAIMS-MADE DED RETENTION W ORKERS COMPENSATION STATUTE Y/N AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT FICERMEMBER EXCLUDED N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY HMIT \$10,000 08/01/2025 08/01/2024 EXCESS MEDICAL \$100,000 PARTICIPANT ACCIDENT 1XZPX0000485085403 12:01 AM 12:01 AM DEDUCTIBLE \$500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED Owner/Lessor/Manager of Premises Utilized for Insured's Activities SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Lee County BOCC THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN OK 07/16/2024 PO Box 398 ACCORDANCE WITH THE POLICY PROVISIONS. Mife Figure Ft Myers, FL 33906 AUTHORIZED REPRESENTATIVE Scott hunbur

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