

EVENT PERMIT



Ordinance 17-08

Holidays Without Hunger 2024

PERMIT NUMBER:

TMP2024-00265

Date(s) of Event:

Friday December 20, 2024 from 9:00AM-4:00PM

Saturday December 21, 2024 from 7:00AM-1:00PM.

Property Owner:

LEE COUNTY

Applicant:

Stephen Popper

239-370-4800

Description:

Setting up for the event on Friday December 20, 2024 from 9:00AM-4:00PM.

Meal packing event on Saturday December 21, 2024 from 7:00AM- 1:00PM.

Location of event:

11831 BAYSHORE RD, NORTH FORT MYERS, FL 33917

Lee County Civic Center. 11831 Bayshore Rd

Will the event be attended by 1000 or more people?

Yes

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



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

HOLIOAYS WITHOUT HUNGER

Tmp2024-00265



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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Holidays Without Hunger 2024
Date(s) of Event / Production:	December 20th & 21st 2024
Location(s) of Event:	Lee County Civic Center
Name of Applicant:	Stephen Popper
Applicant Address:	2221 Corporation Blvd. Naples FL 34109.
Applicant Phone Number:	239-370-4800
Contact Person: (If different from applicant)	Julyvette Pacheco
Contact Phone Number: (If different from applicant)	954-901-8213
Email Address:	july vette @ meals of hope, org
Estimated Attendance:	1,200 volunteers
Event Description: Include each activity, when activities take place, etc.	December 20th, 2024 - Setting Up for the event. December 21st, 2024 - Meal packing Event
Hours of Operation:	12/20/24 - 9am-4pm 12/21/24 7am-1pm
STRAP # of Parcel:	244 325 000 000 70000
Owner of Premises*:	Lee County

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



What is the Zoning Classification of the	e premises? Community	Facilities
Are any temporary structures to be ins		Туре:
Do you have the appropriate permits for	or the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Cour identified, including all parking areas.	nty Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company Insuring the Event	: Harhour Insura	nce
Note: Certificate of Insurance must be submitted		**************************************
Surety Company Bonding this Event (N	lame 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	∏ Yes X 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: _	W/A	
Type of Food being Served:	NIA	
Section II - USE OF COUNTY P	PROPERTY PERIMIT	
Organization Sponsoring the Event: —	Meals of Hope	
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Co	unty Property?	Yes 🗶 No
If Yes, then a "Lee County Alcohol Permit" is require	d. Only non-profit organizations can sell alcohol on County	
Non-profit certificate/registration nur (Required if alcohol is to be <u>SOLD</u> at the event)	mber:	
Please note: A permit from the State of Florida	a Division of Alcoholic Beverages and Tobacco may a	also be required: please call (239) 344-0885 for

further details



/pe of Production			ovice / Dilet		T) / C		5 CHILDI I	
TV Movie or Sp			eries / Pilot		TV Comme	erciai	Still Photo	S
Public Service A	Innouncemen	t i Indus	trial / Documentary	П	Other:			
ill any of the follo	owing be need	led or includ	ed*?					
Stree	et Closure				☐ Yes	I ∑ No)	
Traff	fic / Crowd Co	ntrol			Yes	NO NO)	
Fire	or Burning				Yes	NO NO)	
Explo	osives or Pyro	technics			Yes	IX No)	
Anim	nals, Large or :	Small			☐ Yes	IX No)	
Cons	struction of Ar	ny Kind			☐ Yes	NO NO		
Large	e and/or Num	erous Vehicl	es		Yes	IX No)	
Helio	copters, Boats	, etc.			☐ Yes	NZ No)	
Stun	ts				☐ Yes	N NO)	
Othe	er				☐ Yes	X No)	
Special Parking R	equirements:							
NONE								The state of the s
City or County Se	ervices Requir	ed. (Personn	nel, equipment, facil	itias at	tc)			
1								
None								
			ocal and state record ole, please estimate				track the eco	onomic impac
Number in Cast:	1, 23	50 volunke	رح Number in Crew:	2	O Nur	mber of loc	als hired:	4
Total budget:	410,	000	Estimate amount s	pent in	Lee County:	#7,	000	
Hotel room nights	:: <u>1</u>	night	Number of shootin	g days:			I day	



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

Stephen Popper, CEO, President

Print Name of Applicant and Title

7/18/2024

7/18/2024



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

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

Check the	approp	oriate	box(es)	below:
ĮΧ	SPECIAL	EVENT	PERMIT	

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

WILL REQUIRE THE APPL	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?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	All amplified sound must adhere to the Lee County noise ordinance. According to the permit application alcohol will not be served at the event.
	Print Name: P. Commins Signature:
	Title: GMMANDES Date: 2.0.24

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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.

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

☐ FILM PERMIT

LUSE OF COUNTY PROPERTY PERMIT

		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.	
Fire Guards (How Many?)	NONE		
Fee for Services:	N/A		
Flammable Vegetation:	NOT PERM	ITTED	
First Aid Equipment:	N/A		
Fire Extinguishing:	ON-SITE		
Special Arrangements:	NONE		
	Print Name:	William Underwood	
	Signature:	W	
	Title:	Fire Chief	
	Date:	07/19/2024	



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

CHECK THE ADDITION TO BE DOXIEST DETON	Check the	e appropriate i	boxles	belov
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- ▼ 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 foll Orders concerning	low all CDC and FDOH dired health and safety.	ctives, and the Florida Gov	ernor's Executive
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in t office at EMSDetail	the event of an emergency. l@leegov.com.	To arrange special event c	overage, contact our
	Print Name: Signature: Title:	Douglas B. Higgins The Blip Captain, EMS Operations	Digitally signed by Captain Douglas B. Higgins Date: 2024,08.05 17:51:09 -04'00'	- -
	Date:	August 05, 2024		



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Cł	neck	the	ap	pro	priate	box	es) bei	low:
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FILM PERMIT

□ USE OF COUNTY PROPERTY PERMIT

	·	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	No event parking is	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	olished means of ingress and egress.
Special Arrangements:		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:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024.07.29 09:53:19 -04'00'
	Title:	Project Manager
	Date:	07/29/2024



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

		(239) 533-7275
Check the appropri	ate box(es) bel	ow:
* · · ·	UNTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:		er will need to provide supplemental safety and security lightning. The event ovlde their own temporary lights as needed for safety during event set up and
Parking Areas:	event organizer mu roadways, so emer	er is responsible to direct patrons to the designated parking locations (as needed). The ust work with onsite staff to ensure vehicles do not block driveways and private gency vehicles have clear access. Additionally, the event organizer must provide unteers along with directional signage for the event (as needed).
Special Arrangements:	litter control and d staff to designate t	er is responsible for providing adequate staff/volunteers throughout the event for ebris clean up during and after the event. The event organizer must work with onsite he collection areas for debris/trash during and after the event. Additionally, the event nere to all language written in the signed agreement.
	Print Name: Signature:	Colleen Via
	Title: Date:	7/22/2024

Civic Centere - Holidy w/out Huger 12/20-12/21/24 Page 110



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

	Check to	he ap	propriate	box(es)	belov	v:
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спеск тпе арргоргіа	te box(es) bei	OW:
	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A	APPLICATION, F	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr aforementioned Certificate Must Lee County, a po and public officia with regard to ga	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County. 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	nsurance shall be submitted as evidence of the required coverage listing Lee County, a ion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above. of insurance.
	Print Name:	Mike Figueroa
	Signature:	Mite Join -
	Title:	Risk Program Manager
	Date:	July 29, 2024

ADICKINSON

2,000,000

500,000



X POLICY

PRO-JECT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Harbour Risk Management, LLC 3401 Tamiami Trl N Suite 210	PHONE (A/C, No, Ext): (239) 354-4053 FAX (A/C, No): (239)	354-4058
Naples, FL 34103	E-MAIL ADDRESS; info@hrm.us	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Scottsdale Insurance Company	
INSURED	INSURER B : Associated Industries Insurance Company	
Meals of Hope, Inc Steve Popper	INSURER C:	
2221 Corporation Blvd	INSURER D:	
Naples, FL 34109	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 TYPE OF INSURANCE **POLICY NUMBER** Α X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 100,000 χ CPS7873062 10/3/2024 10/3/2023 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE

OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB **OCCUR EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED **RETENTION \$** B X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AWC1192264 2/26/2023 2/26/2024 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N N/A 500,000 E.L. DISEASE - EA EMPLOYEE \$

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

Please see the attached endorsements.

If yes, describe under DESCRIPTION OF OPERATIONS below

OK 07/29/2024

CERTIFICATE HOLDER

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

PO Box 398 Fort Myers, FL 33902 CANCELLATION

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

PRODUCTS - COMP/OP AGG

E.L. DISEASE - POLICY LIMIT | \$

AUTHORIZED REPRESENTATIVE

Offer Dulum



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

Check the appropria	te box(es) bel	ow:
☐ FILM PERMI	T ONLY	
AFTER REVIEWING THE AI	PPLICATION, PLE CANT TO COMPI	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Special Arrangements:	***************************************	
	N/A	
Other:		
	F	
	I	
	Print Name:	Miriam Dotson
	Signature:	Miriam Dotson
	Title:	Communications Manager
	Date:	7/24/24