





Ordinance 17-08

Mango Mania

PERMIT NUMBER: TMP2025-00171

Date(s) of Event: July 12, 2025 from 9:00am-5:00pm.

Property Owner: JONES ROBERT C TR

Applicant: Cynthia Welsh 239-283-0888

Description: July 12, 2025. Tropical fruit fair. Family event that includes tropical fruit sales, tastings, growers, artisans, crafters, music, adult beverages, kids activities, contests and games.

Location of event: 9920 STRINGFELLOW RD, SAINT JAMES CITY, FL 33956 9920 & 9940 Stringfellow Rd

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 ?	Sold and Consumed
Will a bond be posted for this event ?	No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

MANGO MANIA

Imp2025-00



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

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Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Mango Mania
Date(s) of Event / Production:	July 12, 2025
Location(s) of Event:	9940 & 9920 Stringfellow Rd, St. James City, Fl 33956
Name of Applicant:	Greater Pine Island Chamber of Commerce
Applicant Address:	10530 Stringfellow Rd, Unit 3 Bokeelia, Fl 33922
Applicant Phone Number:	239-283-0888
Contact Person: (If different from applicant)	Cynthia Welch
Contact Phone Number: (If different from applicant)	
Email Address:	Info@pineislandchamber.org
Estimated Attendance:	1200
Event Description: Include each activity, when activities take place, etc.	Tropical fruit fair. Family event that includes tropical fruit sales, tastings, growers, artisans, crafters, music, adult beverages. kids activities, contests and games.
Hours of Operation:	9 am to 5pm
STRAP # of Parcel:	33-44-22-00-00008-0030 & 33-44-22-00008-0050
Owner of Premises*:	SES Group Packwood Intermediary & Robert C Jones Family Trust.

*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? C-1A	
Are any temporary structures to be insta	alled for the event? Yes 🗴 No	Туре:
Do you have the appropriate permits for	r 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:	Evanston Insurance Cor	mpany
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 🔀 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.
Providing Food:	vans Smokehouse, 5987 Samoa Dr, Bokeelia. V hot dogs, burgers, Ice	
Section II - USE OF COUNTY PI	ROPERTY PERMIT	TA MATA MAKANAN PERINTI KANPANYA MANPANYA ANA MANPANYA MANPANYA TA
Organization Sponsoring the Event:	PICC, not on county prope	anna se anna an san anna an
Section III - SAIE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	EDNIT
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Is alcohol being sold/consumed on Cou	nty Property? Only non-profit organizations can sell alcohol on County	X Yes X No
	^{ber:} 59-0995723, docu	
	Division of Alcoholic Beverages and Tobacco may a	



TV Mc	ovie or Special 📃 🛛 TV Series / Pilot		TV Comme	rcial	🔽 Still	Photos
🗌 Public	Service Announcement 🔲 Industrial / Documentary	Г	Other:		9 55 all 10 10 10 10 10 10 10 10 10 10 10 10 10	
Will any o	f the following be needed or included*?					
	Street Closure		Yes	X	No	
	Traffic / Crowd Control		🔲 Yes	\mathbf{X}	No	
	Fire or Burning		Yes	$\mathbf{\overline{X}}$	No	
	Explosives or Pyrotechnics		🗖 Yes	$\overline{\mathbf{X}}$	No	
	Animals, Large or Small		🔽 Yes	$\mathbf{\overline{X}}$	No	
	Construction of Any Kind		Yes	\mathbf{X}	No	
	Large and/or Numerous Vehicles		🗂 Yes	$\overline{\mathbf{X}}$	No	
	Helicopters, Boats, etc.		🔽 Yes	$\mathbf{\overline{X}}$	No	
	Stunts		T Yes	$\overline{\mathbf{X}}$	No	
	Other		T Yes	X	No	

Special Parking Requirements:

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

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:		Number in Crew:	Number of locals hired:
Total budget:		Estimate amount spent in Lee Coun	ty:
Hotel room nights:		Number of shooting days:	
	number of rooms x number of nights		

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.

Neld

Signature of Applicant

Cynthia Welch, admin

Print Name of Applicant and Title

Witness

Print Name of Witness

5/1/2025

Date

5/1/25

Date

SES Group Miami Springs, Ltd Dba Pine Island Shopping Center P O Box 463 Sanibel FL 33957

March 31, 2025

To Whom it May Concern:

This letter serves to notify Lee County Building and Permitting Services that the Greater Pine Island Chamber of Commerce has been given permission to use our property, including the sale of alcohol provided the appropriate licenses and insurance are obtained, at the Pine Island Shopping Center, aka the Winn Dixie Plaza, on Stringfellow Rd, St. James City, FL 33956 for MangoMania Tropical Fruit Festival on July 12, 2025.

Said properties include the following three parcels:

Strap: 33-44-22-00-00008-0060, located at 9830 – 9872 Stringfellow Road, St. James City, FL 33956, the owner is SES Group - Miami Springs, Ltd. and

Strap: 33-44-22-00-00008-0030, located at 9940 Stringfellow Road, St. James City, FL 33956, the owner is SES Group Packwood Intermediary and

Strap: 33-44-22-00-00008.0050, located at 9920 Stringfellow Road, St. James City, FL 33956, the owner is Robert C Jones Family Trust

It is agreed and understood by all parties that all permitting requirements, including sanitary facilities, public liability insurance of \$1,000,000/ \$2,000,000 with an umbrella up to \$5,000,000, and site plans will be the responsibility of the Greater Pine Island Chamber of Commerce. Further it is agreed and understood that the Greater Pine Island Chamber of Commerce, Further it is agreed and understood that the Greater Pine Island Chamber of the Commerce will list the property owners, M Rice Realty, LLC and all tenants as named insured on the liability policy for this event.

For Property Owner Signal **Printed Name** Title

	e Greater Pine Island Chamber of Commerce
Signati	"DAVID CONNER
Printed	Name DRESIDROST
litte	Add for for David Conner a
	(Print, Type or Stamp Commissioned Name of Notary Public)

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Google Maps

Google Maps

4/1/25, 12:08 PM

Mango Mania 2025 RELIAL.



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

Check the appropriate box(es) below:

- **IX** 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:	Parking for event will be in authorized areas only & right-of-way must not be impeded.
Deputies (How Many?):	2 deputies for security and presence throughout the event area.
Fee for Services:	Contact LCSO Details Unit
Special Arrangements:	All amplified sound must adhere to the Lee County noise ordinance. Event coordinator will be responsible for ensuring that all alcoholic beverages remain within the confines of the event area, all participants are of legal drinking age and that noone is overserved. Deputies are not responsible for checking ID's.
	Print Name: P. CUMMIAS Signature: Title: COMMAndes Date: 5-6-25

Page | 6

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	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 appro	opriate box(es) below:
SPECIA	AL EVENT PERMIT
	F COUNTY PROPERTY PERMIT
	IT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	PERMIT
AFTER REVIEWING T ORGANIZATION WILI	HE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR L REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How	
Many?)	
Fee for Services:	
1	
Flammable Vegetati	on:
First Aid Equipment:	The fire district will provide one apparatus
	The fire district will provide one apparatus with staff to provide EMS/Rescue services.
Fire Extinguishing:	fire extinguishers will be required for any
	tent exceeding 10x10 size
Special Arrangement	ts:
	Print Name: LOURFNLY MIMbs
	Signature: (Suthing Munis
	Title: Are inspector
	Date: 05102/25
	Page 17

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Mango Mania - Greater Pine Island CoC - St. James City - 7-12-25

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

Treatment Facilities:	None necessary.				
Medical Personnel:	None necessary.				
Medical Supplies / Equipment:	None necessary.				
Safety Requirements:	Applicants shall fol Orders concerning	low 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 the event of an emergency. To arrange special event coverage, contact our office at EMSDetail@leegov.com.				
	Print Name: Signature: Title:	Douglas B. Higgins THE BUP Digitally signed by Captain Douglas B. Higgins Date: 2025.05.04 17:21:19 -04'00' Captain, EMS Operations			
	Date:	May 4, 2025			



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (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

Parking:	No event parking is	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	plished means of ingress and egress.
Special Arrangements:		aty Sheriff's Office for assistance with traffic control as needed. access and public vehicular access shall be maintained on all surrounding Lee d roads.
	Print Name: Signature: Title: Date:	Nathan Thoman Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.05.06 :54:43 -04'00' Project Manager 05/05/2025



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

F PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Illumination:	NA	-
Parking Areas:	NA	***
Special Arrangements:	NA - Event is not on Parks and Recreation property and will not affect county park operations or programs.	
	Print Name: Trever Snearley	
	Signature:	
	Title: County Wide Services Manager	
	Date: 5/2/2025	
11 - and Prote Pa	Dearry of Wards Marson	
VOT UN THR.K TH	PERTY - MANGO MANXA 7/12/2025 Page 10	



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 EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Insurance Requirements:	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. Certificate Must Read As: 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.							
Special Arrangements:	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. Subject to proof of insurance.							
	Print Name:	Mike Figueroa						
	Signature:	Miles Jegins						
	Title:	Risk Program Manager						
	Date:	May 2, 2025						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2025

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).											
PRO	PRODUCER CONTACT ADRI WUTKOWSKI										
	Robertson Ryan & Associate	s, Inc	.		PHONE (A/C, No	. Ext):		FAX (A/C, No):			
	ADRI WUTKOWSKI				E-MAIL	our theory	ski@robertso				
	7251 W Lake Mead Blvd #30	0			ADDIL		URER(S) AFFOR	DING COVERAGE		NAIC #	
	Las Vegas	INSURER A : Evanston Insurance Company 35378									
Las Vegas NV 89128					INSURER B :						
	Greater Pine Island Chamber	r of C	omm	erce	INSURER C :						
	c/o Cynthia Welch										
	PO Box 325				INSURER D :						
	Matlacha			FL 33993	INSURER E :						
co	VERAGES CER	TIFIC			INSONE	<u>nr.</u>		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		ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
		:						EACH OCCURRENCE	· · · · · · · · · · · · · · · · · · ·	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (other than fire)		00,000	
	X Host Liquor Liability							MED EXP (Any one person)	\$ 5,0		
A	Retail Liquor Liability	Y	Ν	3DS5476-M3596399		07/11/2025	07/13/2025	PERSONAL & ADV INJURY	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM	GENERAL AGGREGATE	- ·	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,0	00,000	
	OTHER:							Deductible	\$ 1,0	00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 1000, Event Type: Festival & Cultural Event - Indoor and/or Outdoor.											
CF	RTIFICATE HOLDER	******			CANO	CELLATION					
Lee County, A Political Subdivision and SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR Lee County, A Political Subdivision and Charter County of the State of Florida, its agents, employees and public officia AUTHORIZED REPRESENTATIVE 2115 Second St ADDI WILTIKONOKIA											
	Fort Myers	ADRI WUTKOWSKI									

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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Lee County, A Political Subdivision and Charter County of the State of Florida, its agents, employees and public officia 2115 Second St Fort Myers, FL 33901

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
 - **1.** In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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TH	IS CERTIFICAT	E IS ISSUED AS A	TAN	TER	OF INFORMATION ONLY	(AND	CONFERS N	O RIGHTS	UPON THE CERTIFICA	TE HOI	LDER. 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.										
	PURTANT: If th	e certificate holder i	s an	ADD	ITIONAL INSURED, the j	policy(ies) must hav	e ADDITION	IAL INSURED provision	is or be	e endorsed.
IT 3	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).										
	a cerunicate doe	s not conter rights t	o the	o cert	mcate holder in lieu of su				** ****		1115111 h h h h h h h h h h h h h h h h
PROD						CONTA NAME:	AURI W	JTKOWSKI			
	Robert	son Ryan & Associate	s, In	C .		PHONE (A/C, N	o, Ext):		FAX (A/C, No):		
1	ADRI	VUTKOWSKI				E-MAIL ADDRE		ski@robertsc		a footbart taa	
7251 W Lake Mead Blvd #300						-145 35 35 35 35 4					
	Las Ve	gas			NV 89128	INSURERA : Evanston Insurance Company					NAIC# 35378
INSUR	ED										
	Greate	r Pine Island Chambe	r of C	omm	e mo	INSURI					
		nthia Welch			erce	INSURI	ERC:				
						INSURI	ERD:		······	****	
	PO Bo					INSURI	ERE:				
L	Matlac				FL 33993	INSURI	ERF:				
Distance in the second	ERAGES				NUMBER:				REVISION NUMBER:		4188 da
TH	IS IS TO CERTIFY	THAT THE POLICIES	OF	INSUF	RANCE LISTED BELOW HAT	VE BEE	EN ISSUED TO	THE INSURE	D NAMED AROVE FOR T	HE POL	ICY PERIOD
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EX	CLUSIONS AND O	ONDITIONS OF SUCH	POLI	CIES	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	EU BY	HE POLICIE	S DESCRIBED	HEREIN IS SUBJECT T	O ALL .	THE TERMS,
INSR		INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP			
h-mut		ENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MIM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	T	
	· · · · · · · · · · · · · · · · · · ·	15-21							EACH OCCURRENCE		00,000
	CLAIMS-M	i i i i i i i i i i i i i i i i i i i	ŀ						DAMAGE TO RENTED PREMISES (other than fire)	\$ 2,0	00,000
	X Host Liquor								MED EXP (Any one person)	\$ 5,0	00
A	Retail Liquo	r Liability	Y	N	3DS5476-M3596399		07/11/2025	07/13/2025	PERSONAL & ADV INJURY	\$ 2,0	00,000
	GEN'L AGGREGATE	LIMIT APPLIES PER:					12:01 AM	12:01 AM	GENERAL AGGREGATE		00,000
	X POLICY	RO- IECT LOC							PRODUCTS - COMP/OP AGG		00,000
	OTHER:	the second se		ľ					Deductible	\$ 1,0	
	AUTOMOBILE LIABIL	ITY					·		COMBINED SINGLE LIMIT	\$	00
	ANY AUTO								(Ee accident)		
	OWNED	SCHEDULED		ľ					BODILY INJURY (Per person)	\$	····
-	AUTOS ONLY HIRED	AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
-	AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
 				ļ						\$	
									EACH OCCURRENCE	\$	
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	DED RE	TENTION \$								\$	
ľ	WORKERS COMPENS	ATION							PER OTH- STATUTE ER		******
	AND EMPLOYERS' LIA ANYPROPRIETOR/PAR OFFICER/MEMBEREX								E.L. EACH ACCIDENT	\$	
1 11	Mandatory in NH)	t the second	N/A	ŀ						1	
	t yes, describe under DESCRIPTION OF OP								E.L. DISEASE - EA EMPLOYEE		
<u>├</u> ──┤	-LOONIT HON OF OP	ELOCITIONO DAIDM							E.L. DISEASE - POLICY LIMIT	\$	
			L	<u> </u>			<u> </u>				
DESC	HIPTION OF OPERATI	DNS / LOCATIONS / VEHICI	.ES (/	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	space is require	ed)		
Loentif	icate holder listec r Outdoor.	pelow is named as a	aditic	onal ir	sured per attached MEGL	2217 (01-19, Attenda	nce: 1000, E	vent Type: Festival & Cul	tural Ev	ent - Indoor
anoro					OK 05.02.20)25					
Milero forgiones -											
		14 AND 14			Martan -	for given	he ' To an errorite				
					CI	~					
CER	TIEICATE UC	hen							*****		
CEN	CERTIFICATE HOLDER CANCELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
Lee County, A Political Subdivision and THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.							LIVENEU IN				
Charter County of the State of Florida,											
	its ager	ts, employees and pu	iblic (officia		AUTHO	RIZED REPRESE	TATIVE			
ľ	2115 S	econd St									
Fort Myers FL 33901											
L											
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