

EVENT PERMIT



Ordinance 17-08

Independence Day Annual Pine Island Parade

PERMIT NUMBER:

TMP2025-00206

Date(s) of Event:

July 4, 2025

Property Owner:

LEE COUNTY ROW

Applicant:

Annette Warren

2396998359

Description:

Annual Independence Day Parade. Leaving the Winn-Dixie Parking lot, going north on

Stringfellow Road, to Pine Island Road turning left and ending in the Elks Club parking

lot, on July 4, 2025 from 10:00AM until 10:30AM

Location of event:

9826 - 11051 ROW STRINGFELLOW RD

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

County Manager

Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Independence Day Annual Pine Island Parade

TMP2025-00206



Event Application

Check	he appropriate box(es) below:
	SPECIAL EVENT PERMIT
	SE 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	INDEPENDENCE DAY ANNUAL PINE ISLAND PARADE					
Date(s) of Event / Production:	4 JULY 2025					
Location(s) of Event:	STRINGFELLOW RD ON PINE ISLAND					
Name of Applicant:	PINE ISLAND AMERICAN LEGION POST 136/ AUSTIN WHITE					
Applicant Address:	PO BOX 1776, ST. JAMES CITY, FL 33956					
Applicant Phone Number:	239-699-8359					
Contact Person: (If different from applicant)	ANNETTE WARREN					
Contact Phone Number: (If different from applicant)	239-850-0208					
Email Address:	AUSTINMCS@GMAIL.COM					
Estimated Attendance:	200					
Event Description: Include each activity, when activities take place, etc.	ANNUAL INDEPENDENCE DAY PARADE. IT LEAVES THE WINN-DIXIE PARKING LOT AT 10:00AM GOING NORTH ON STRINGFELLOW RD. TO PINE ISLAND RD. IT THEN TURNS LEFT (WEST) AND ENDS IN THE ELKS CLUB PARKING LOT AND TAKES APPROXIMATELY 20 MINUTES					
Hours of Operation:	10:00AM TO 10:20AM					
STRAP # of Parcel:						
Owner of Premises*:						

 $[\]hbox{*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 No	Type:						
Do you have the appropriate permits for	r the temporary structures?	☐ Yes ☐ No						
identified, including all parking areas.	y Property' permit, submit a site plan with							
Surety Company Bonding this Event (Na								
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?						
▼ Yes	☐ Yes	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:								
Section II - USE OF COUNTY PR	ROPERTY PERMIT							
Organization Sponsoring the Event:	INE ISLAND POST 136							
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES F	PERMIT						
Is alcohol being sold/consumed on Cour		Yes No						
	Only non-profit organizations can sell alcohol on County							
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	NOT BEING SOLD ON	COUNTY PROPERTY						
Please note: 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 Producti	on (choose all tha	t apply):			,			
TV Movie or	Special	TV Se	eries / Pilot		TV Comme	rcial	Still Photo	os
Public Service	ce Announcement	Indust	trial / Documentary		Other:	al a sharperana		
ill any of the f	ollowing be neede	d or include	ed*?					
St	reet Closure				Yes		No	
T	raffic / Crowd Con	trol			Yes		No	
Fi	ire or Burning				☐ Yes		No	
E	xplosives or Pyroto	echnics			☐ Yes		No	
A	nimals, Large or S	mall			Yes		No	
С	onstruction of Any	Kind			Yes		No	
Li	arge and/or Nume	rous Vehicle	es		Yes		No	
Н	elicopters, Boats,	etc.			Yes		No	
S	tunts				Yes		Vo	
0	ther				Yes		No	
Snecial Parkin	g Requirements:							
					1			
City or Count	y Services Require	d: (Personn	el, equipment, facili	ities, et	:c.)			
					, t			
			cal and state record le, please estimate		ely as possibl	e.		onomic impac
Number in Cas	t:		Number in Crew: 		Num	ber of lo	ocals hired: —	
Total budget:			Estimate amount sp	pent in	Lee County:			
Hotel room nig	hts:		Number of shooting	g days:				
	number of rooms x	number of nigh	– ts		-			



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 ANNETTE WARREN **AUSTIN WHITE Print Name of Witness** Print Name of Applicant and Title 6-27-25 Date



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

Check the appropriate box(es) below:

F SPECIAL EV	ENT PERMIT
J⊠ USE OF COU	JNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ıπ
•	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
ŗ	
Parking:	Parking for event will be in authorized areas only & right-of-way must not be impeded.
ļ	
Deputies (How Many?):	4 extra duty detail deputies will be required for the duration of the parade to assist with traffic control along the parade routeas well as for the safety of the public and participants. Deputies will be hired at the vendors expense.
·	
Fee for Services:	Contact LCSO Details Unit.
Special Arrangements:	Due to traffic concerns in this area a traffic detail will be required at the vendors expense. 6th Precinct will assist with an on duty deputy and CSU members if available. Roadways will need to be reopened as soon as possible once parade has ended.
-	Print Name: Dumanins
	Signature:
	Title: Commander
	Date: <u>6 26 25</u>



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

▼ USE OF COUNTY PROPERTY PERMIT

☐ FILM PERM	1IT	
AFTER REVIEWING THE A	PPLICATION, PLEA	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A	
Fee for Services:	N/A	
Flammable Vegetation:	N/A	
First Aid Equipment:	N/A	
Fire Extinguishing:	N/A	
Special Arrangements:	MPIFCD'S	Brush Truck, fire engine, rescue boat, captains truck, fire chiefs truck Il be participating at this event.
	Print Name:	Murtney Mimbs
	Signature:	Couching Menins
	Title:	Fire Inspector
	Date:	06/24/25



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

Check the appropria	ate box(es) belov	<i>N</i> :
⊠ SPECIAL EV	ENT PERMIT NI	a does not trip threshold
	UNTY PROPERTY P	
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	1IT	
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR
		CANT TO COMPLY WITH FOR THEIR EVENT.
	None necessary.	1
Treatment Facilities:		
	N	
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.
, ,		
For Complete	Not applicable.	<u> </u>
Fee for Services		,
Special Arrangements:	Please call 911 in to	the event of an emergency. To arrange special event coverage, contact our il@leegov.com.
		,
		Power Publisher
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.06.23 17:20:51 -04'00'
	Title:	Captain, EMS Operations

June 23, 2025

Date:



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

Check the approprie	ate box(es) bel	ow:	10		
SPECIAL EV	ENT PERMIT				
☑ USE OF CO	UNTY PROPERTY	PERMIT			
PERMIT TO	SELL AND CONS	JME ALCOHOLIC BEVER	AGES WITHIN LEE	COUNTY FACILITIES	
FILM PERM	IIT				
			1		
AFTER REVIEWING THE WILL REQUIRE THE APPL				GEMENTS YOUR ORGA	ANIZATION
Parking:	No event parking is	permitted in Lee County m	aintained road right	of ways.	
			1.		
Ingress and Egress:	Please use all estab	lished means of ingress and	d egress.		
Special Arrangements:	Shall use Lee Cour Emergency vehicle	nty Sheriff's Office for assista access and public vehicular	nce with traffic cont r access shall be mair	rol as needed. ntained on all surrounding	J Lee
	County maintained		4		
			ν.		
			100		
	L		·		
	Print Name:	Nathan Thoman			
	Signature:	Nathaniel C. Thoma	n Digitally signed by Nathar Date: 2025.06.17 08:10:51		
	Title:	Project Manager	*		
	Date:	06/17/2025	*		



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

Check the appropri	ate box(es) bel	ow:			•	
J⊠ SPECIAL EV	ENT PERMIT N	A does	not	trip	thres hold	
	UNTY PROPERTY					
PERMIT TO	SELL AND CONSU	JME ALCOHO	LIC BEVI	ERAGES '	WITHIN LEE COUNTY FACILITIES	
FILM PERM	MIT					
		LEACE INDICA	TE DEL	DVA VA/11/	A DRANGEMENTS VOLID ORGANIZATION	
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, P LICANT TO COMP	LEASE INDICA LY WITH FOR	THEIR E	VENT.	AT ARRANGEMENTS YOUR ORGANIZATION	5
WILL RECOINE THE A	210,1111 10 001					
	I					_
llumination:	NA					
						_
Parking Areas:	NA					
					1	
Special Arrangements:	NA - Event is not or	n Parks and Reci	reation pr	operty an	d will not affect county park operations or	-
special Arrangements.	programs.	irr and and nee				
					The second secon	
	Print Name:	Trever Snearle	v			
		Trever streams	5			
	Signature:				*	
	Title:	Countywide So	ervices Ma	anager	<i>*</i>	
	Date:	6/26/2025			13	
	1				1	

NOT ON PARK PROP. - INDEPENDENCE DAY ANNUAL Page 10

7/4/2025

Swiger, Melissa

From:

Snearley, Trever

Sent:

Friday, June 27, 2025 2:26 PM

To:

Swiger, Melissa

Subject:

RE: Special event Pine Island Parade

Melissa,

No, because you are not using any of Lee County Parks and Recreation Properties.

Hope that helps



Trever Snearley, CPRP | Countywide Services Manager

Lee County Parks and Recreation

3410 Palm Beach Blvd. Ft. Myers, Fl. 33916

cell: (239) 771-1079

email: tsnearley@leegov.com

web: www.leeparks.org

Connect With Us On Social Media











From: Swiger, Melissa <MSwiger@leegov.com>

Sent: Friday, June 27, 2025 2:18 PM

To: Snearley, Trever <TSnearley@leegov.com>
Subject: Special event Pine Island Parade

Good afternoon, Trevor,

The Special Event for the Pine Island Parade was marked as a Special Event instead of Use of County Property. Will this change the approval you provided for the event.

Best,



Melissa Swiger, Customer Service Specialist

Department of Community Development

1500 Monroe St, Fort Myers, FL 33901

office: (239) 533-8329

email: mswiger@leegov.com web: www.leegov.com/dcd

Connect With Us On Social Media









Receive updates from Lee County Government by subscribing to our newsletter

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.



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

Check the appropriat	te box(es) bel	ow:			
SPECIAL EVE		DEDIALT			
□ USE OF COU				ANTINAL LEE COLLAITY	TA CILITIES
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC B	EVERAGES	WITHIN LEE COUNTY I	-ACILITIES
FILM PERMIT	Γ				
AFTER REVIEWING THE AWILL REQUIRE THE APPLIC				AT ARRANGEMENTS	YOUR ORGANIZATIOI
Insurance Requirements:	occurrence to pr	eral liability insurance otect against bodily in event within Lee Cour	jury and/or p	m limits of One Million Do roperty damage relative t	ollars (\$1,000,000) per to applicants use of
	Certificate Must	Read As:			
	and public officia with regard to ge	als are automatic addit	ional insured tificate holde	nty of the State of Florida, Is and includes an automa r is an additional insured ity.	atic waiver of subrogation
Special Arrangements:	political subdivis	nsurance shall be subm ion and Charter Count Ilder and as an additio	ty of the State	ence of the required cove of Florida, P.O. Box 398, s listed above.	rage listing Lee County, a Fort Myers, FL 33902 as
	Subject to proof	of insurance.		ř	
	Print Name:	Mike Figueroa			
	Signature:	This figur			
	Title:	Risk Program Manage	er	e e	
	Date:	June 23, 2025	i		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/2025

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

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

	certificate holder in lieu of such endorsement(s).									
	DUCER				CONTAC NAME:	Genevieve	Reinkemeyer		-	
Idea	al Insurance Inc				PHONE (A/C, No, Ext): 941-921-2102 (A/C, No): 941-921-2029					
791	0 N Tamiami Trail				E-MAIL ADDRESS: genevieve@idealinsinc.com					
Suil	te 200				ABBREOG.					NAIC#
Sar	asota			FL 34243	INSURE	Contunt	Surety Compan			5753E
INSU	RED			,	INSURE	1				
Pin	e Island Post #136, Inc.				INSURE					
РО	Box 776				INSURE	Elorido C	itrus, Business	&Industries Fund		31259
410	6 Stringfellow Rd NW				INSURE	Equadore	Insurance Cor	npany		3928
St	James City			FL 33956	INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:	INCORE			REVISION NUMBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFITIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY							EACH OCCURRENCE S DAMAGE TO RENTED	Ψ	0,000
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	100,	
٨	CLAIMS-MADE X OCCUR	Υ		CCP 1274016		14/40/0004	44/40/2025		5,00	0,000
Α		Ť		CCP 12/4010		11/12/2024	11/12/2025		0.00	0,000
									2.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						_	PRODUCTS - COMP/OP AGG	·	0,000
_	POLICY PRO- JECT LOC								р В	
									5	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED					1		PROPERTY DAMAGE	B .	
	HIRED AUTOS AUTOS							(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUB									
	H_waras.ua H occor					4		AGGREGATE S		
	OLANO-WADE					•		AGGREGATE S		
	DED RETENTION \$ WORKERS COMPENSATION							✓ WC STATU- OTH-	•	
	AND EMPLOYERS' LIABILITY								100,	000
D	ANY PROPRIETOR/PARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1066	10666431-2024		01/14/2025	01/14/2026	E.L. DISEASE - EA EMPLOYEE	500	000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	400	000
Ε	Founders Insurance Company			2021003832		01/18/2025	01/18/2026	Limit \$1,000,000/\$1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ttach A	ACORD 101, Additional Remarks	Schedule,	If more space is	required)			
Lee	County B.O.C.C. Is Named As Additional Ins	ured V	Vith R	espect To General Liability, W	hen Req	uired By Writter	n Contract.			
			(OK 06.23.2025						
				Mike Figur						
CE	TIEICATE HOLDER				CANO	ELLATION				
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Lee County B.O.C.C.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHOR	NZED REPRESEN	TATIVE 1			

ACORD 25 (2010/05)

PO Box 398

Fort Myers

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FL 33902-0398