

# **EVENT PERMIT**



Ordinance 17-08

# Boca Grande Chamber Annual Christmas Walk

**PERMIT NUMBER:** 

TMP2025-00351

Date(s) of Event:

December 6, 2025 from 5:00pm until 9:00pm

Property Owner:

LEE COUNTY

Applicant:

Gary Cross

9414219755

Description:

Closure of street right-of-ways for a shopping event

Location of event:

131 - 135 1ST ST W, BOCA GRANDE, FL 33921

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



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Boca Grande Chamber Annual Christmas Walk

TMP2025-00351



# **Event Application**

Check the appropriate box(es) below:

X	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	Boca Grande Chamber Annual Christmas Walk
Date(s) of Event / Production:	12/06/2025
Location(s) of Event:	5th St to 3rd St and 4th from E Railroad ave to Gilcrest Ave (*see sitemap)
Name of Applicant:	Boca Grande Area Chamber of Commerce
Applicant Address:	471 Park Ave Boca Grande, FL 33921
Applicant Phone Number:	941-964-0658
Contact Person: (If different from applicant)	Gary Cross
Contact Phone Number: (If different from applicant)	941-421-9755
Email Address:	info@bocagrandechamber.com
Estimated Attendance:	500
Event Description: Include each activity, when activities take place, etc.	All Business stay open later so people can shop. We will be closing the streets so people can walk freely and safely through town.
Hours of Operation:	5pm - 9pm
STRAP # of Parcel:	14-43-20-01-00005.0010
Owner of Premises*:	Lee County BoCC

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



What is the Zoning Classification of the premises? County Right of Way							
Are any temporary structures to be i	nstalled for the event? Yes	☑ No Type:					
Do you have the appropriate permits	for the temporary structures?	☐ Yes ☐ No					
* For a 'Special Event' and 'Use of Co identified, including all parking areas	unty Property' permit, submit a s	site plan with all proposed facilities and activities					
Insurance Company Insuring the Eve	ent: The Event Helper						
Note: Certificate of Insurance must be subm	itted at time of application	-					
Surety Company Bonding this Event	(Name and Address):						
Will Vehicles be Used as Part of Th Event?	is Will Food be Available at th	is Event? Will Alcoholic Beverages be served/consumed at this Event?					
Yes 🔀 No	☐ Yes           No	☐ Yes					
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage included on the certificate of in:	e must be If yes, liquor liability coverage must be surance. Included on the certificate of insurance.					
Name & Address of Organization Providing Food:							
Type of Food being Served:							
Section II - USE OF COUNTY	PROPERTY PERMIT						
Organization Sponsoring the Event:	Boca Grande Area Cha	amber of Commerce					
Section III - SALE/CONSUM	PTION OF ALCHOLIC BEVE	RAGES PERMIT					
Is alcohol being sold/consumed on C	County Property?	Yes No					
If Yes, then a "Lee County Alcohol Permit" is requi	red. Only non-profit organizations can sell alco	ohol on County Property.					
Non-profit certificate/registration no (Required if alcohol is to be <u>SOLD</u> at the event)	umber:						
Please note: A permit from the State of Flori	da Division of Alcoholic Beverages and To	obacco may also be required; please call (239) 344-0885 for					



ype of Product	tion (choose all tha	t apply),								
i v iviovie o	r Special	TV S	eries / Pilot		TV	Co				
Industrial Fubility Service Announcement   Industrial		trial / Documentary		TV Commercial				Still Photos		
Vill any of the	following be neede	d or include	d*2		Oti	ner:				
5	treet Closure	a or melade	ed " ?							
	raffic / Crowd Con	rol			X	Yes		No		
	ire or Burning					Yes	×	No		
	explosives or Pyrote	chnica				Yes	X	No		
	Animals, Large or Sr					Yes	$\triangleright$	No		
	Construction of Any					Yes	×	No		
	arge and/or Nume					Yes	X	No		
F	Helicopters, Boats,	ous venicle	25			Yes	X	No		
	itunts	etc.			Г	Yes	X	No		
	Other				Г	Yes	X	No		
	ked Yes, provide fu					Yes	$\boxtimes$	No		
Special David										
	ng Requirements:  y Services Required	: (Personne	el, equipment, facilit	ies, etc	:)					
	The second secon									_
The following the industry.	information is requ f exact figures are	uired for loc not availabl	al and state records e, please estimate a	on pro	oduct ly as	tion in F possible	lorida e.	to tra	ack the economic im	pact
Number in Cas	t:		Number in Crew:			Num	ber of	locals	hired;	
Total budget:			Estimate amount spe	ent in L	ee Co	unty:				
Hotel room nig	hts:	to the second se	Number of shooting	days:		_				
	number of rooms x n	umber of nights		21						



#### 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 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	Mery W St.
Gary Cross Print Name of Applicant and Title	Print Name of Witness
8/11/2025 Date	8/11/2025
	Date



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

Check the appropriate box(es) below:

	UNTY PROPERTY PERMIT  SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION 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?):	One detail deputy to assist with road closure as well as security and presence while event takes place.
Fee for Services:	Contact LCSO Details Unit
Special Arrangements:	Vendor will hire 1 deputy to monitor traffic concerns and golf carts. Vendor will be providing barricades and signage for road closures. According to the permit application no alcohol will be served during the event.  Print Name:
	Signature:
	Title: Commander  Date: 92425



#### 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 EVE	ENT PERMIT
T USE OF COL	JNTY PROPERTY PERMIT
FILM PERMI	IT
	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	
Fee for Services:	\$
Flammable Vegetation:	
First Aid Equipment:	
Fire Extinguishing:	
Special Arrangements:	D. a.
	Print Name: 6 W. Blosse
	Signature:
	Title: Fire Chief
	Date: 9/19/2025



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

Check the appropria	te box(es) belov	N:					
	'ENT PERMIT UNTY PROPERTY P	DEDMIT					
	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
		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	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 emergency medical coverage (ambulance, cart, etc) or EMS participation, please fill out and submit the form at the following link: EMS Special Detail Request Form For questions, contact our office at EMSDetail@leegov.com.						
	Print Name:	Douglas B. Higgins					
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.09.21 17:43:41 -04'00'					
	Title:	Captain, EMS Operations					
	Date:	September 21, 2025					



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

Check the appropri	iate box(es) be	low:				
SPECIAL E	VENT PERMIT					
USE OF CO	UNTY PROPERTY	/ PERMIT				
		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES				
FILM PERN	ИIT					
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, F LICANT TO COME	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.				
Parking:	No event parking i	s permitted in Lee County maintained road right of ways.				
Ingress and Egress:	Please use all estal	blished means of ingress and egress.				
Special Arrangements:	Shall use Lee County Sheriff's Office for assistance with traffic control as needed. Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.					
	Print Name:	Nathan Thoman				
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.09.24 08:46:01 -04'00'				
	Title:	Project Manager				
	Date:	09/24/2025				



#### 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 ☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES ☐ FILM PERMIT										
	AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.									
Illumination:	Additional lighting must be provided by permit holder. Open flames are prohibited within the Crowninshield building.									
Parking Areas:	Parking is permitted in existing parking area located at the Boca Grande Community Park and grounds.  Event Parking must be adhered to in accordance with Lee County Ordinance No. 25-16, enforced by Lee County Sheriff's Office. A copy of this ordinance has been e-mailed to the applicant.									
Special Arrangements:	Event organizer will work with site supervisor for site specific event needs.  Event organizer will adhere to Lee County and Parks & Recreation Ordinances (25-14, 93-15) and (18-12, 18-27 as amended). Pursuant to Lee County Ordinance No. 25-14, smoking and vaping is not permitted at any school property or within the boundaries of any public park facility or public beach.									
	Print Name: Trever Snearley  Signature:  Title: Countywide Services Manager  Date: 9/18/2025									

BOCA - BOCA CHAMBER ANNUAL CHRISTMAS WALK

(12/6/2025)
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# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropria	te box(es) be	low:							
▼ SPECIAL EVENT PERMIT									
USE OF COUNTY PROPERTY PERMIT									
PERMIT TO S	ELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES							
FILM PERMI	Γ								
AFTER REVIEWING THE AWILL REQUIRE THE APPLICATION	APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.							
Insurance Requirements:	occurrence to pr	neral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect against bodily injury and/or property damage relative to applicants use of event within Lee County.							
	Certificate Must	Read As:							
	and public official with regard to g	olitical 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:	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: Signature: Title:	Mike Figueroa  Mike Figueroa  Risk Program Manager							
	Date:	November 6, 2025							



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/06/2025

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).

-	Propiets											
PRODUCER						CONTACT NAME: Event Helper Customer Service						
		Gaslamp Insurance Services				PHONE (A/C, N	PHONE (A/C, No, Ext): (855) 493-8368 FAX (A/C, No):					
DBA Event Helper Insurance Services				E-MAIL ADDRESS: info@theeventhelper.com								
helper PO Box 1549						INSURER(S) AFFORDING COVERAGE					NAIC#	
		Grass Valley			CA 95945	INCLID	INSURER A: Evanston Insurance Company				35378	
INS	URED					INSURE					00070	
		Boca Grande Chamber of Co	omme	erce		INSURE						
		c/o Gary Cross										
l		471 Park Ave, 3				INSURE						
		Boca Grande			FL 33921	INSURE						
	WER			CATI		INSURE	ERF:					
		S TO CERTIFY THAT THE POLICIES			E NUMBER:	VE DEE	THE LOCATION TO	THE INCHES	REVISION NUMBER:			
( E	DERTIF EXCLU	TED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY ISSONS AND CONDITIONS OF SUCH	PERT POLIC	REME TAIN, ICIES.	:NT, TERM OR CONDITION THE INSURANCE AFFORDI . LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	MUICH THIC	
INSI LTF	3	TYPE OF INSURANCE		L SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S		
	<b>/</b>	COMMERCIAL GENERAL LIABILITY					(mining 2)	(IVIIVI/DD/11.11,	EACH OCCURRENCE	\$ 1,00	)n nnn	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (other than fire)	-	00,000	
	<b>V</b>	Host Liquor Liability							MED EXP (Any one person)	\$ 5,00	)0	
A		Retail Liquor Liability	Υ	N	3DS5476-M4804516		12/06/2025	12/07/2025	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM	GENERAL AGGREGATE	\$ 2,00	00,000	
	<b>/</b>	POLICY PRO- JECT LOC		'					PRODUCTS - COMP/OP AGG	\$ 2,00		
		OTHER:		'					Deductible	\$ Non		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
		ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS		'					BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED							PROPERTY DAMAGE			
	$\vdash$	AUTOS ONLY AUTOS ONLY		'					(Per accident)	\$		
-	+	UMBRELLA LIAB OCCUP	<u> </u>	<del>                                     </del>						\$		
	$\vdash$	FYOTOGLIAR	i '	'					EACH OCCURRENCE	\$		
		CLAIWS-WADE	1 /						AGGREGATE	\$		
_	_	DED RETENTION \$ KERS COMPENSATION	<u></u> '	<u> </u> '			ļ		255	\$		
	AND	EMPLOYERS' LIABILITY V/N	1 /						PER OTH- STATUTE ER			
	OFFIC	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mand	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	DESC	, describe under CRIPTION OF OPERATIONS below	'						E.L. DISEASE - POLICY LIMIT	\$		
			1 1									
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if more	space is require	ed)			
Cert	ificate	e holder listed below is named as ac	Iditio	nal in	sured per attached MEGL:	2217 0	1 19. Attendar	nce: 300, Eve	ent Type: Chamber of Cor	nmerce	Event.	
					OK 11.06.2	2025						
					This ;	Figur	-					
CF	DTIF	ICATE HOLDER				CANIC	ELLATION					
- CL	111111	CATE HOLDEN				CANC	ELLATION					
	Lee County, a political subdivision and and Charter of the State of Florida						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		P.O. Box 398 Fort Myers, Flor	ida 3	33902	:	AUTHORIZED REPRESENTATIVE						
		2115 Second St			FI 6555	Count Milson						
		Fort Myers			FL 33901 I	V(new V) wind						

