

# **EVENT PERMIT**



Ordinance 17-08

## 8th Annual Tree Lighting Ceremony

**PERMIT NUMBER:** 

TMP2025-00354

Date(s) of Event:

November 29, 2025 from 5:00pm until 8:00pm

Property Owner:

GCTC PROPERTY LP

Applicant:

Melissa Moore

2392900325

Description:

Tree lighting ceremony

Location of event:

9902 GULF COAST MAIN ST, FORT MYERS, FL 33913

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?

No

Will a bond be posted for this event?

No

#### Permit Conditions:

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

**Board of County Commissioners** 

Lee County, Florida

County Manager

Date !

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

8th Annual Tree Lighting Ceremony



### **Event Application**

Check the appropriate box(es) below:

X	SPECIAL EVENT PERMIT
	USE OF COUNTY PROPERTY PERMIT
Г	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
П	FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)							
·							
Title of Event / Name of Production	8th Annual Tree Lighting Ceremony						
Date(s) of Event / Production:	November 29, 2025						
Location(s) of Event:	West Village in Gulf Coast Town Center						
Name of Applicant:	Melissa Moore						
Applicant Address:	1322 Lafayette Street Unit B Cape Coral, FL 33904						
Applicant Phone Number:	239-347-8107						
Contact Person: (If different from applicant)	Angelique Decker						
Contact Phone Number: (If different from applicant)	239-290-0325						
Email Address:	angelique@mm-brands.com						
Estimated Attendance:	2,000						
<b>Event Description:</b> Include each activity, when activities take place, etc.	The event is from 5-8 PM, with the Tree Lighting Ceremony beginning at 6 PM. Guests can enjoy photos with Santa and Mrs. Claus, Anna and Elsa, Face Painting, Stilt Walking + Balloon Twisting, Delicious Treats + Hot Cocoa, a Letter to Santa Station and fun vendors!						
Hours of Operation:	5-8 PM						
STRAP # of Parcel:	#11-46-25-11-00000.00P0						
Owner of Premises*:	Jeff W. Preston						

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



What is the Zoning Classification of the premises? Commercial								
Are any temporary structures to be installed for the event? X Yes No Type:								
Do you have the appropriate perm	its for the temporary structures?	├─ Yes ├─ No						
* For a 'Special Event' and 'Use of (identified, including all parking are	County Property' permit, submit a site plan wit as.	h all proposed facilities and activities						
Insurance Company Insuring the E	<sub>vent:</sub> Hiscox Inc.							
Note: Certificate of Insurance must be sub	mitted at time of application							
Surety Company Bonding this Ever	nt (Name and Address):							
Will Vehicles be Used as Part of T Event?	This Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?						
├ Yes  x No	├─ Yes ├─ No	├─ Yes						
If yes, automobile coverage must be included on the certificate of insuranc	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:	N/A							
Type of Food being Served:	A							
Section II - USE OF COUNT	Y PROPERTY PERMIT							
Organization Sponsoring the Even	GCTC Property LP.							
Section III - SALE/CONSUI	MPTION OF ALCHOLIC BEVERAGES P	ERMIT						
Is alcohol being sold/consumed or If Yes, then a "Lee County Alcohol Permit" is re	n County Property? quired. Only non-profit organizations can sell alcohol on County	₩ Yes × No Property.						
Non-profit certificate/registration (Required if alcohol is to be <u>SOLD</u> at the event)	AICODOLIC DOT DAID	g sold/consumed.						
Please note: A permit from the State of F	orida Division of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-0885 for						

further details



pe of Producti	on (choose all that	арр	y):					
TV Movie or	Special		TV Series / Pilot		TV Comme	rcial	Still Photos	
Public Service	e Announcement		Industrial / Documentary		Other:			
/ill any of the f	ollowing be neede	d or i	ncluded*?					
St	reet Closure		☐ Yes	П	No			
Tı	raffic / Crowd Cont	rol			☐ Yes	Г	No	
Fi	re or Burning				☐ Yes	Г	No	
Ex	kplosives or Pyrote	chnic	CS		☐ Yes		No	
A	nimals, Large or Sr	nall			☐ Yes		No	
C	onstruction of Any	Kind			☐ Yes		No	
La	arge and/or Nume	ous '	Vehicles .		☐ Yes		No	
Н	elicopters, Boats, e	etc.			☐ Yes	Г	No	
St	unts				☐ Yes		No	
0	ther				☐ Yes		No	
Special Parkin	g Requirements:							
City or County	/ Services Required	d: (Pe	rsonnel, equipment, facilit	ies, et	c.)			
	f exact figures are		for local and state records vailable, please estimate a Number in Crew:		ely as possibl	e.	a to track the eco	nomic impac
Total budget:			Estimate amount sp	ent in I	ee County:			
Hotel room nig	hts:		———— Number of shooting	dave.	_			
	number of rooms x	numba		y 5.	_			



#### **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.

Melissa Moore	Angeligue Decker
Signature of Applicant	Witness
Melissa Moore	Angelique Decker
Print Name of Applicant and Title	Print Name of Witness
10/29/25	10/29/25
Date	Date



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

Check the appropriate box(es) below:									
⋉ SPECIAL EVI	区 SPECIAL EVENT PERMIT								
USE OF COL	SE OF COUNTY PROPERTY PERMIT								
□ PERMIT TO	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES								
FILM PERM	ΙΤ								
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.								
Parking:	Parking in authorized areas only. Right-of-way should not be blocked. Any issues with parking to be enforced by FHP.								
Deputies (How Many?):	None								
For fav Complete	Name for LOCO								
Fee for Services:	None for LCSO								
Special Arrangements:	Event Coordinator will be responsible for working with FHP to ensure the event is set up to their specifications. Event Coordinator has chosen to hire 4 Florida Highway Patrol Officers for law enforcement presence at the event. Any amplified sounds must adhere to Lee County noise ordinances.								
	Print Name: PETRACEA								
	Signature: Syly								
	Title:								
	Date:								



#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

■ SPECIAL EVENT PERMIT  USE OF COUNTY PROPERTY PERMIT  PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  FILM PERMIT									
	AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR DRGANIZATION WILL REQUIRE THE APPLICANT 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:	San Carlos Fire Department will be on site for this event.								
	Print Name: STEVE LENNON								
	Title: FIRE MARSHAL								
	Date: 10-29-25								



#### **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 FILM PERM	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES IT	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE 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 follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning 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:  Signature:  Title:  Captain, EMS Operations  Date:	



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

Check the appropri	ate box(es) bei	ow:			
SPECIAL EV		DEDMIT			
	UNTY PROPERTY  SELL AND CONS	PERMITI UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES			
FILM PERM					
		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 established 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 roads.			
	Print Name:	Nathan Thoman			
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.11.13 13:13:56-05'00'			
	Title:	Project Manager			
	Date:	11-13-2025			



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

Check the appropri	ate box(es) below:
	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
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: Countywide Services Manager  Date: 11/11/2025

NOT ON PARK PROP. - 8th Annual TREE LIGHTING
Page |10



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

Check the appropriate box(es,	) below:
SPECIAL EVENT PERMIT  USE OF COUNTY PROPI  PERMIT TO SELL AND C  FILM PERMIT	
AFTER REVIEWING THE APPLICATIC WILL REQUIRE THE APPLICANT TO C	ON, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OMPLY WITH FOR THEIR EVENT.
occurrence aforementi Certificate I Lee County and public with regard	Il general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per to protect against bodily injury and/or property damage relative to applicants use of oned event within Lee County.  Must Read As:  The applitical subdivision and Charter County of the State of Florida, its agents, employees, officials are automatic additional insureds and includes an automatic waiver of subrogation to general liability. The certificate holder is an additional insured on a primary and utory basis with regards to general liability.
political sul the certifica	e of Insurance shall be submitted as evidence of the required coverage listing Lee County, and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as ate holder and as an additional insured as listed above.
Print Nai Signature Title:	



#### CERTIFICATE OF LIABILITY INSURANCE

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

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 createst of the certificate does not conform rights to the certificate holder in lieu of such and recomment(a).

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:					
Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 (A/C, No):					
5 Concourse Parkway				E-MAIL ADDRE	ss. conta	ct@hiscox.co			
Suite 2150 Atlanta GA, 30328				ADDICE			DING COVERAGE	T	NAIC#
Alianta GA, 30320				INSURE	1.0	x Insurance C			10200
INSURED				INSURE	RB:				
Designs by MM, Inc.				INSURE	RC:				
1322 Lafayette Street Suite B				INSURE	RD:				
Cape Coral, FL 33904				INSURE					
				INSURE					
COVERAGES CER	TIFIC	ATE	NUMBER:	INOUNE			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			E POLI	CY PERIOD
INDICATED. NOTWITHSTANDING ANY RE	QUIR	EME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPECT	T TO V	VHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F							HEREIN IS SUBJECT TO	ALL T	HE TERMS,
INSR	ADDL	SUBR		DEEN					
TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
CLAIMS-MADE X OCCUR							DAMAGE TO DENTED	\$ 2,000 \$ 100,0	
GEAINIG-INIADE [1] COOCH								\$ 5,00	
A -	Υ		P100.199.110.6		04/09/2025	04/09/2026		\$ 0	
GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,00	0.000
X POLICY PRO-								·	Gen. Agg.
OTHER:							PRODUCTS - COMPTOP AGG	*	Jen. Agg.
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
ANY AUTO							(Ea accident)	\$	
ALLOWNED SCHEDULED							BODILY INJURY (Per accident)		
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	φ \$	
HIRED AUTOS AUTOS							(Per accident)	\$ \$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$	
EXCESS LIAB CLAIMS-MADE								\$	
DED RETENTION\$							5	\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?								\$	
(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
								-	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL				le, may b	e attached if more	e space is require	ed)		
Lee County, a political subdivision and Char	ter C	ounty	y of the State of Florida						
	OK	11	12 2025						
			12.2025						
	1	11	Jugin -						
	1"	p	Tour						
CERTIFICATE HOLDER				CANO	CELLATION		TO DE BLO OF THE WEST OF THE SECOND SECURITY AND A SECOND FOR A SECOND S		
Lee County, a political subdivision and Char	ter C	ount	y of the State of Florida						
	y, a principal distribution of the distributio						ESCRIBED POLICIES BE CA		
							EREOF, NOTICE WILL BE Y PROVISIONS.	E DEL	IVEKED IN
				AUTHO	RIZED REPRESE				
						U	Jay Boyd		



GCTC Property LP c/o Centrecorp Management Services LLLP 9903 Gulf Coast Main Street, Suite 120 Fort Myers, FL 33913

October 30, 2025

City of Fort Myers Community Development 1500 Monroe Street Fort Myers, FL 33901

To Whom It May Concern:

As a representative of the owner, GCTC PROPERTY LP, I/we have given permission to DESIGNS BY MM INC to use the property for The Gulf Coast Town Center Tree Lighting Ceremony on November 29, 2025 from 5-8 PM. This event offers holiday performances, holiday games, and festive vendors. During the hours of the event, the public restroom facilities will be available.

Respectfully,

Jen W. Presson CEO

GCTC PROPERTY LP

By its authorized Agent/Manager:

CENTRECORP MANAGEMENT SERVICES, LLLP, a Delaware limited liability limited partnership

NOTARY ACKNOWLEDGEMENT STATE OF FLORIDA COUNTY OFPalm Beach The forgoing instrument was acknowledged.	ged before me this 31 day of	of
October 2025 by		
(Name of person acknowledging) (Print,	- , type or stamp Commissioned	Name of Notary Public)
ENOONS.		WILLIZABETH NAS
(Signature of Notary Public) Personally known X	OR Produced Identification	TARY PUBLIC THE
Type of Identification		MY COMMISSION EXPIRES 2-28-2028
		OF FLOROTAGE
		NUMBER THE