



CITY OF SANIBEL
SPECIAL EVENTS PERMIT APPLICATION
 800 DUNLOP ROAD, SANIBEL, FL 33957
 Phone (239) 472-3700 Fax (239) 472-3065
 Website: www.mysanibel.com
 Email: admin@mysanibel.com

FOR CITY USE:
12-42907
PERMIT #
_____ of _____

DATE: _____ Lee Co. Tax Parcel # - - - -

Application must be submitted no later than 30 calendar days prior to the event accompanied by a refundable deposit (If applicable), and a non-refundable \$50/resident or \$100/non-resident application fee. Applications submitted less than 30 calendar days but not less than 7 days prior to the event, will be assessed a late fee of \$5 per calendar day. Applications will not be accepted later than 7 calendar days prior to the event.

EVENT NAME: CROW'S TASTE OF THE ISLANDS

EVENT ADDRESS: SANIBEL COMMUNITY PARK 2221 Per. way.

Name of shopping center or complex, if applicable: _____
 A drawing of event layout, parking area, placement of signs and temporary structures must be attached upon application submission.

NAME OF APPLICANT/ORGANIZATION: CLINIC FOR THE REHABILITATION ^{OF} WILDLIFE

ADDRESS: PO BOX 150 SANIBEL, FL 33957

TELEPHONE: 239-395-0031 CELL: 239-851-8411 FAX: 239-472-2334

EMAIL ADDRESS: steve@crowclinic.org WEBSITE: www.crowclinic.org

NAME & ADDRESS TO MAIL DEPOSIT REFUND TO: (Deposits will be returned within 30 days following event.)
Crow PO BOX 150 SANIBEL, FL 33957

NAME OF CONTACT PERSON AND PHONE NUMBER AT THE EVENT:
Steve Greenstein 851-8411 (cell)

IS THE APPLICANT/ORGANIZATION A 501(C)3, NON-PROFIT? Yes [] No
 Certificate No. _____ Please provide a copy of current certificate.

DATE(S) OF EVENT:
 *Set-up and tear down must be included as part of event dates.
 Set-Up Date(s) 11/10/12
 Event Date(s) 11/11/12
 Tear-Down Date(s): 11/12/12

BEGINNING/ENDING TIME:
 *Set-up and tear down must be included as part of event times.
 Set-up Time(s) 8AM - 6PM
 Event Time(s) 12:30 - 5 PM
 Tear-Down Time(s) 5AM - NOON

NUMBER OF PARTICIPANTS EXPECTED: 2800 ADMISSION CHARGE (IF ANY): \$5

TYPE OF EVENT/SPECIFIC ACTIVITIES: OUTDOOR FESTIVAL, MUSIC, RAFFLE
FOOD, DRINK, AWARDS

PLEASE CHECK APPROPRIATE BOX: Private Event Public Event
 *NOTE - Public events will be listed on the Special Events Calendar on the City's website.

TEMPORARY SIGN(S) The Sanibel Code permits one (1) on-site sign, not to exceed 12 square feet that may be double-faced, per Special Event. Non-Profit organizations are permitted up to six (6) off-site directional signs, with City Manager approval. **BANNER SIGNS AND BALLOONS ARE STRICTLY PROHIBITED AT ALL TIMES.**

Please indicate sign size, type, and location of **On-Site sign**: _____
Please indicate sign size, type, and locations of **directional signs** (Non-Profit Organizations only): _____

NUMBER OF VENDORS: 20 restaurants Note: Overnight Parking Fee of \$25 per vehicle, per event, for vendors camping overnight on City properties.

TEMPORARY TENTS AND STRUCTURES - Including arches, tents (specify number of tents and tent size), chairs, tables, bounce houses, dunk tanks, etc. Tents exceeding 120 square feet require a tent permit (per tent) from the Building Department and a fire inspection.

Tent #1 Size: _____ Tent#2 Size: _____ Tent #3 Size: _____

Temporary Structure Type: _____ Quantity: _____

Temporary Structure Type: _____ Quantity: _____

Temporary Structure Type: _____ Quantity: _____

TRAFFIC CONTROL PLAN: Please attach traffic control and parking plan for events requiring off-site parking or pedestrian street crossing.

A Business Tax Receipt or Business Registration is required to work in the City of Sanibel. Please provide your Business Tax Receipt Number or Business Registration Number # _____

Are Police Services, such as Traffic/Pedestrian Control or Event Security requested? Yes [] No

NUMBER OF OFFICERS: _____ **DATE:** _____ **TIME:** _____
The rate is \$135 for a 3-hour minimum shift, per staff member and \$40, per staff member, per hour thereafter. In the interest of public safety, the Sanibel Police Chief may require an applicant retain Police Services as a condition of granting a Special Events Permit, in which case, applicant is responsible for payment of fees as described above.

Will amplified music be played? Yes [] No

If yes, applicant must adhere to Noise standards set forth in Sanibel Code Chapter 30, Article III.

Will City property, public right-of-way or other public property (beach parks, community parks, etc.) be utilized?

Yes [] No

If yes, please identify right-of-way and/or public property/park name: SANIBEL COMMUNITY PARK

EVENTS HELD AT COMMUNITY PARK – SMOKING IS PROHIBITED at Community Park. Applicant is responsible for ensuring compliance with this policy. **Failure to do so will be in violation of this permit, may lead to forfeiture of deposit, and may constitute a violation of City Policy.** Spot maintenance will be provided at Community Park by the City of Sanibel Public Works Department between the hours of 8 a.m. to 5 p.m., daily. In addition, for overnight events, applicant is responsible for bathroom maintenance (emptying trash containers, stocking of toilet paper and paper towels) between the hours of 5 p.m. and 8 a.m.

EVENTS HELD ON CITY PROPERTY: Liability Insurance in the amount of \$1,000,000 listing the City of Sanibel as an additionally insured party may be applicable for certain events held on City property. Proof of insurance must be provided before application is approved.

NOTE: If event is held on City property, such as a City Park or City Hall, **alcohol is prohibited** unless approved by City Council. A rental fee and deposit is applicable for use of certain City Properties. Please contact the City Manager's Office at (239) 472-3700 for information regarding fees and deposits.

Will alcoholic beverages be served or sold? Yes [] No

If yes, please attach copy of liquor license. If liquor license is not attached, applicant must provide license to the City prior to issuance of a Special Event Permit. To find out if you are required to obtain a liquor license, please contact the Division of Alcoholic Beverages and Tobacco at (239) 278-7195

Will food and/or drink be served or sold? Yes [] No (Appropriately rated fire extinguishers required)

If this is an outdoor event, vendor may require a Lee County Department of Health Permit or a License from the Division of Business and Professional Regulation. To find out if you need a Health Department Permit or license, please call the Lee County Health Department at (239) 690-2100 or Division of Business and Professional Regulation at (850) 487-1395.

Will temporary sanitary facilities be provided? Yes [] No If yes, indicate location on site plan.

Will trash receptacles, dumpsters and recycling containers be provided? Yes [] No

If yes, indicate on site plan. Who will be providing the receptacles, dumpsters or containers? _____

NOTE: Trash and recycling receptacles must be emptied at the end of each day into a dumpster for multiple day events to discourage the feeding or foraging of raccoons. Failure to do so will be in violation of this permit, may lead to forfeiture of deposit, and may constitute a violation of other City Ordinances.

Is this a Sanibel student or Sanibel youth group event? [] Yes No

If yes, the fee for a special event permit shall be \$5 so long as proceeds from the event solely benefit a Sanibel student or Sanibel youth group; is a single day event generally not lasting longer than 8 hours; no vendor or related fees are charged (only the youth group fee or contribution is solicited); event is managed and conducted solely by volunteers; and temporary and/or permanent structures are not required. (Ordinance 07-016)

Is the applicant an organized homeowners association or neighborhood association? [] Yes No

If yes, the application fee shall be waived. (Resolution 07-020)

Does event require electrical usage at any City Owned Property? [] Yes [] No

If yes, a \$10 daily power usage fee for electrical connection at any City owned property will apply for each 110 volt outlet, and \$20 daily power usage fee per 220 volt outlet, per 24-hour day or any portion thereof. (Resolution 07-092)

OWNER OF PROPERTY: If the person/group applying for this permit is not the owner of the property, the property owner must sign this application. If the property owner is unavailable to sign the application, a letter of permission from owner is acceptable.

Property Owner Signature

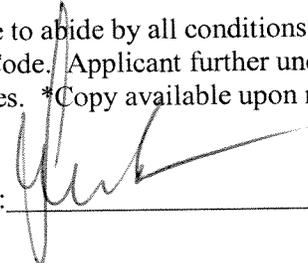
Print Name

Title

By signature below, it is understood by applicant that this application is subject to review and approval by City staff and may be revoked at any time for non-compliance with rules, local ordinances, state statutes or if the event endangers the health, safety, or welfare of the public. The City reserves the right to cancel the event should any conflicts arise with scheduling, and will give reasonable notice to the applicant for the purpose of rescheduling. During reviews by various City Departments, additional conditions may be imposed. As required by Section 110-83, City services determined necessary for the conduct of the Special Event, such as temporary lighting or police officers to direct or reroute traffic, shall be paid by applicant.

This permit is valid only for the time indicated on this permit. In the event that the applicant fails to fulfill the requirement(s) as set forth in this permit or fails to obtain proper authorization to proceed, if conditions have changed, including but not limited to time, specifications and activities, deposit may be forfeited and the permit may be cancelled.

As applicant, I agree to abide by all conditions and requirements of the City of Sanibel and will comply with *Chapter 110 of the Sanibel Code. Applicant further understands that the use of Fireworks, Explosives and Upward Lighting are prohibited at all times. *Copy available upon request.

Applicant Signature: 

Print Name: STEVE GREENSTEIN
EXECUTIVE DIRECTOR

**--FOR CITY USE ONLY--
DEPARTMENT COMMENTS**

**FEEES BY
DEPARTMENT:**

Planning

\$ _____
Planning

Police

\$ _____
Police

Public Works

\$ _____
Public Works


Building

6 Tents

\$ _____
Building

Tent Standards attachment required? Yes No

Finance

\$ _____
Finance

Business Tax Receipt Verified? Yes No

Natural Resources

\$ _____
Natural Resources

Beach Standards attachment required? Yes No

Recreation

\$ _____
Recreation

\$ _____
TOTAL

Comments/Permit Conditions: _____

City Manager Approval

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2012

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).

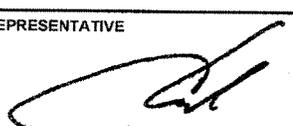
PRODUCER Heidrick & Company Insurance and Risk 1648 Periwinkle Way STE A Sanibel FL 33957		CONTACT NAME: Chris Heidrick PHONE (A/C, No, Ext): (239) 579-0660 FAX (A/C, No): (888) 767-1665 E-MAIL ADDRESS: Chris@SanibelInsurance.com	
INSURED Clinic for the Rehabilitation of Wildlife 3883 Sanibel Captiva Road Sanibel FL 33957		INSURER(S) AFFORDING COVERAGE INSURER A: First NonProfit Insurance INSURER B: Progressive INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES CERTIFICATE NUMBER: CL1210300127 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	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	IMP092032912	10/8/2012	10/8/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Not Provided
B	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS		077666850	12/22/2011	12/22/2012	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City of Sanibel is added as Additional Insured as respects General Liability.

CERTIFICATE HOLDER City of Sanibel 800 Dunlop Rd Sanibel, FL 33957	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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