

**1. Requested Motion:** **Meeting Date: June 16, 2014**

Approve request for the "2<sup>nd</sup> Annual Summer Solstice Party 2014" Special Event Permit to be held on Tuesday, June 24, 2014 at Nervous Nellie's and Bayside Park and authorize open containers of alcohol at this event in the designated area of the Town Right-of-Way pursuant to Ordinance #99-15.

**Why the action is necessary:**

Ordinance 99-15 requires that Town Council approve all requests for open containers during such an event.

**What the action accomplishes:**

Allows issuance of the Special Event Permit enabling the applicant to move forward with the event.

**2. Agenda:**

- Consent
- Administrative

**3. Requirement/Purpose:**

- Resolution
- Ordinance
- Other -Special Events Permit

**4. Submitter of Information:**

- Council
- Town Staff – Public Works
- Town Attorney

**5. Background:**

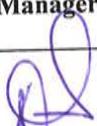
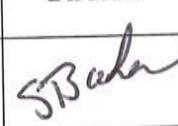
The 2<sup>nd</sup> Annual Summer Solstice Party 2014 is a one day event scheduled for Tuesday, June 24, 2014, from 12 noon to 8:00 pm held in Nervous Nellie's and Town's Bayside Park. The use of Town right-of-way, Bayside Park has a rate charge of \$71.24 per day. Alcohol will be served in Bayside Park and Nervous Nellies. Live music will be provided within zoned Nervous Nellie business area. The music will be in boosted acoustic format that may require Town's code enforcement assistance. Security will be provided by Lee County Sheriff department.

**6. Alternative Action:**

Council directs staff to deny the event.

**7. Management Recommendations:**

**8. Recommended Approval:**

Town Manager	Town Attorney	Finance Director	Public Works Director	Community Development Director	Parks & Recreation Director	Town Clerk
						

**9. Council Action:**

- Approved     Denied     Deferred     Other

TOWN of FORT MYERS BEACH SPECIAL EVENT APPLICATION

Describe event including times, dates, activities and general overview of event.

2<sup>ND</sup> ANNUAL Summer Solstice Party  
JUNE 24<sup>TH</sup> 2014 12 NOON - 8 pm



MAY 08 2014

For special events requesting public assistance-define Public Purpose

Date(s) and times of event	JUNE 24 <sup>TH</sup> 2014 12 NOON - 8 pm
Name of event	2 <sup>ND</sup> ANNUAL Summer Solstice Party
Address of event	1131 FIRST ST. Ft. MYERS BEACH FL. 33931
Expected # of participants	300
Organization	Nervous Nellies INC.
Organization address	1131 FIRST ST. Ft. MYERS BEACH, FL. 33931
Contact Person	Steve DeAngelis
Contact Phone #	239-827-1369
Fax #	239-463
E-mail	Stevied3701@yahoo.com
Request for Public Assistance	Yes _____ No <input checked="" type="checkbox"/>
Amount of Request (If applicable)	0

This permit is subject to the applicant meeting all requirements contained in Fort Myers Beach Ordinances #12-04 and compliance with all items in the special event application

FOR GROUPS REQUESTING FINANCIAL ASSISTANCE:

Four (4) copies of the application and all supporting documents must be submitted to the Finance Department no later than April 30<sup>th</sup>. The request will be considered for inclusion in the next FY budget (October-September).

Office Use Only:

Date Received: \_\_\_\_\_  
By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  
Cash/Check #: \_\_\_\_\_

2523 Estero Boulevard, Fort Myers Beach, Florida 33931  
Tel: (239) 765-0202 \* Fax: (239) 765-0909  
www.FortMyersBeachFL.gov

2nd Annual Summer Solstice Party  
Event Description

The 2nd Annual Summer Solstice Party at Nervous Nellies located at 1131 First St. Fort Myers Beach, FL. 33931 will be held June 24th from 12 noon until 8 p.m..

We are having entertainment on the already licensed premises of Nervous Nellie's during the permitted times and all entertainers will be in the boosted acoustic format.

The entertainment will be in the country music format and feature a total of five performances at approximately 1 hr. and 30 min. each.

We are requesting an extension of premises for the public fountain area located adjacent to the restaurant and allowance for open container in the proposed area.

All "NO ALCOHOL BEYOND THIS POINT" signage will be in place and Lee County Deputies will be on hand for security. The only tents in the proposed area will be 10x10 event style tents (4) and the entire area will be fenced off. There will be no stage in this area. All trash and waste clean up will be the responsibility of Nervous Nellies and parking will be in our lot as well as area paid parking lots. There is no admission fee however all persons who wish to purchase adult beverages will be i.d'd and anyone consuming adult beverages without a wristband will be

escorted off premises by the police. During the event no street closure, town parking or ROW is requested.

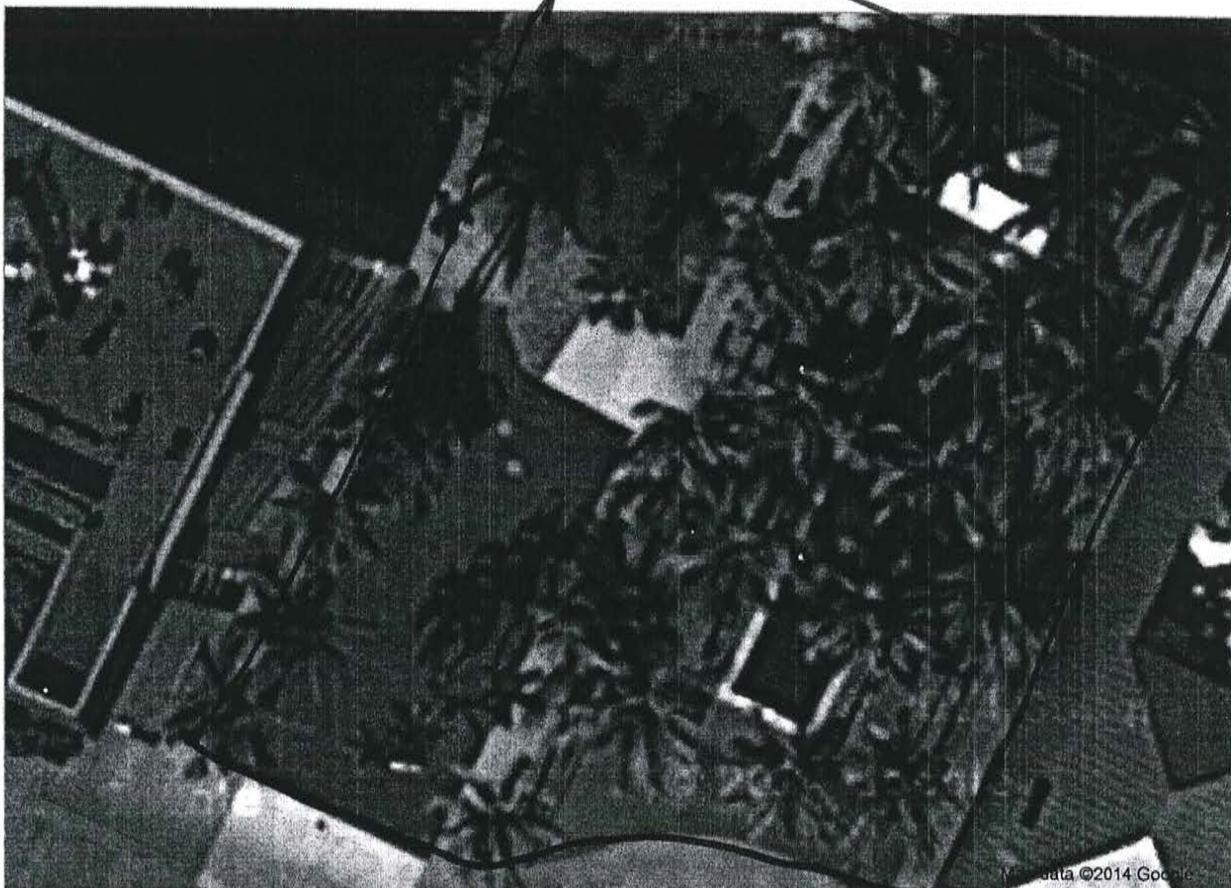
A detailed site plan has been attached to the application.

for further questions please call  
Steve DeAngelis at (239)822-1369

Sincere Thanks,

Google

To see all the details that are visible on the screen, use the "Print" link next to the map.



FOY 105  
FOY 105

MAY 08 2014

FOY 105

TURNING  
MAY 08 2014

DBPR ABT-6029 – Division of Alcoholic Beverages and Tobacco  
Application for Extension or Amended Sketch of Licensed Premises

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RECEIVED BY  
DBPR Form  
ABT-6029  
Revised 02/2013

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's web site at the link provided below:

[http://www.myflorida.com/dbpr/abt/district\\_offices/licensing.html](http://www.myflorida.com/dbpr/abt/district_offices/licensing.html)

SECTION 1 - CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input checked="" type="checkbox"/> Temporary Extension	<input type="checkbox"/> Amended Sketch
<input type="checkbox"/> Permanent Extension	

SECTION 2 - LICENSE INFORMATION			
Licensee (as listed on alcoholic beverage license) NERVOUS NELLIES INC.			
Business Name (D/B/A) NERVOUS NELLIES CRAZY WATERFRONT EATERY			
Location Address (Street) 1131 FIRST ST.			
City FT. MYERS BEACH	County LEE	State FL	Zip Code 33931
Alcoholic Beverage License Number BEV 4605377	Series 4COP	Type/Class	
Business Telephone Number 239-463-8077 ext.	Email Address (Optional) Steveid3701@yahoo.com		
<b>FOR TEMPORARY EXTENSIONS ONLY:</b>			
Date(s) of Extension:			
6-24-2014			

ABT District Office Received / Date Stamp

MA 08 2011

**SECTION 3 - ZONING APPROVAL**  
**TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION**  
 (This section only applies to a permanent or temporary extension of licensed premises)

Location Street Address 1131 FIRST ST.

City <u>FL. MYEES BEACH</u>	County <u>LEE</u>	FL	Zip Code <u>33931</u>
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Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?"  Yes  No

The PERMANENT extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.

The TEMPORARY extension of the licensed premises as shown in the sketch complies with zoning requirements for the sale of alcoholic beverages pursuant to this application.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

This approval is valid until \_\_\_\_\_

**SECTION 4 - HEALTH**  
**TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS**  
**OR COUNTY HEALTH AUTHORITY**  
**OR DEPARTMENT OF HEALTH**  
**OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

This approval is valid until \_\_\_\_\_

SECTION 5 - AFFIDAVIT OF APPLICANT  
NOTARIZATION REQUIRED

Business Name (D/B/A)

*Newbies Nellies Crazy Waterfront Eatery*

"I, the undersigned individually, or if a registered legal entity for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes that the foregoing information is true and correct."

If applying for a temporary extension, check the box to confirm the following statement:

"I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event."

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE

The foregoing was ( ) Sworn to and Subscribed OR ( ) Acknowledged Before me this \_\_\_\_\_ Day

of \_\_\_\_\_, 20\_\_\_\_, By \_\_\_\_\_ who is ( ) personally  
(print name(s) of person(s) making statement)

known to me OR ( ) who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

OFFICE OF  
CLERK OF THE CIRCUIT COURT

MAY 08 2014

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**SECTION 6 – DESCRIPTION OF PREMISES TO BE LICENSED**

Business Name (D/B/A)

1.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is the proposed premises movable or able to be moved?
2.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is there any access through the premises to any area over which you do not have dominion and control?
3.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Are there more than 3 separate rooms or enclosures with permanent bars or counters?
4.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Is the business located within a Specialty Center? If yes, check the applicable statute: <input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S.

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.

SEE ATTACHED SKETCH

TOP COPY  
 IT MAY BE USED FOR

MAY 08 2014

OFFICE OF

SNUG HARBOR CONDO

ESTERO BAY

GRASS

GAZEBO

FOUNTAIN

BAR AREA

NERVOUS NELLIES

FRONT DOOR

MAY 08 2014

O = TABLES

X = NO ALCOHOL BEYOND THIS POINT

