

**1. Requested Motion:**

**Meeting Date:** August 18, 2014

Approve the recurring special event permit application to Santini Marina Plaza for the "Santini Tuesday Fresh Market" each Tuesday from November 4, 2014 through March 31, 2015 and authorize the Town Manager to sign the permit on the Town's behalf.

**Why the action is necessary:**

Pursuant to Ordinance 12-04 approval must be received for all recurring special event applications.

**What the action accomplishes:**

This action approves the event to take place during the dates mentioned above.

**2. Agenda:**

- Consent
- Administrative

**3. Requirement/Purpose:**

- Resolution
- Ordinance
- Other:

**4. Submitter of Information:**

- Council
- Town Staff – Public Works
- Town Attorney

**5. Background:**

Town Council adopted Ordinance 12-04 setting regulations associated with special events held within the Town. This ordinance provides for events of a recurring nature to be permissible and administered through one permit not to exceed a twelve month duration. For an event to qualify for this type of permit the activity must be the same type of event, held in the same location, on the same day and time with similar attendance and the same genre.

This event meets the standards of the recurring special event as provided in Ordinance 12-04. The event organizer has made an application for the event to be held each and every Tuesday from November 4, 2014 through March 31, 2015.

This market will include fresh foods, flowers and acoustical guitar and vocals. The mission is to promote healthy foods and provide a venue for local farmers and small businesses to sell directly to consumers.

Attached is a copy of the application with supporting documentation.

**6. Alternative Action:**

**7. Management Recommendations:**

**8. Recommended Approval:**

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

**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.

Please see attached!

For special events requesting public assistance-define Public Purpose

Date(s) and times of event

SEE attached

Name of event

SEE attached

Address of event

7225 Estero Boulevard

Expected # of participants

500

Organization

Santini Marina Plaza

Organization address

7225 Estero Boulevard

Contact Person

Bonnie Roberts

Contact Phone #

239-443-8810

Fax #

239-463-8992

E-mail

bgrsgs@gmail.com

Request for Public Assistance

Yes

No

Amount of Request (If applicable)

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

**Applicant to Complete:**

Company managing trash removal: waste management

No. of dumpsters: 2 Type of dumpsters: \_\_\_\_\_

Who is responsible for clean-up and payment: \_\_\_\_\_  
Santini Marina Plaza

City right-of-way Parking Use: / Number of spaces: /

- Request to hang banner(s): Yes  No
- Road Closure: Yes  No
- Bridge Closure: Yes  No
- Electric: Yes  No
- Water: Yes  No

**Required Approvals**

**FMB Public Works:** Tel (239)765-0202 Fax (239)765-0909

Public Works remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check list: Application / Site Plan / Description /

FMB-Public Works approval: \_\_\_\_\_ Date: \_\_\_\_\_

# **Santini Marina Plaza Fresh Market**

Every Tuesday from November 4<sup>th</sup> through Easter  
Market Hours 9:00 AM to 1:00 PM

## Dates:

November 4,11,18,25

December 2,9,16,23,30

January 6,13,20,27

March 3,10,17,24,31

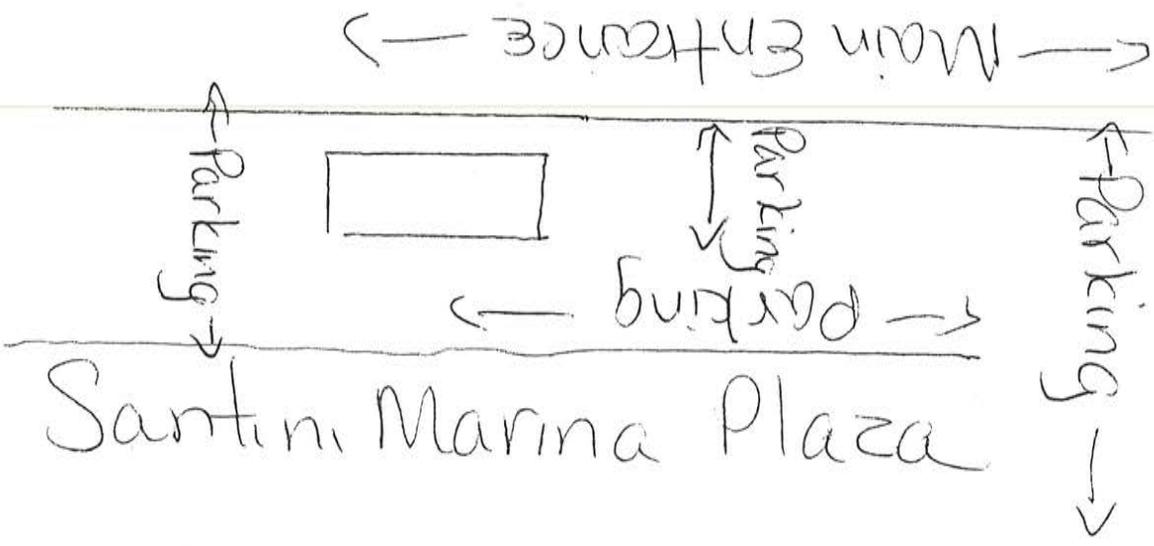
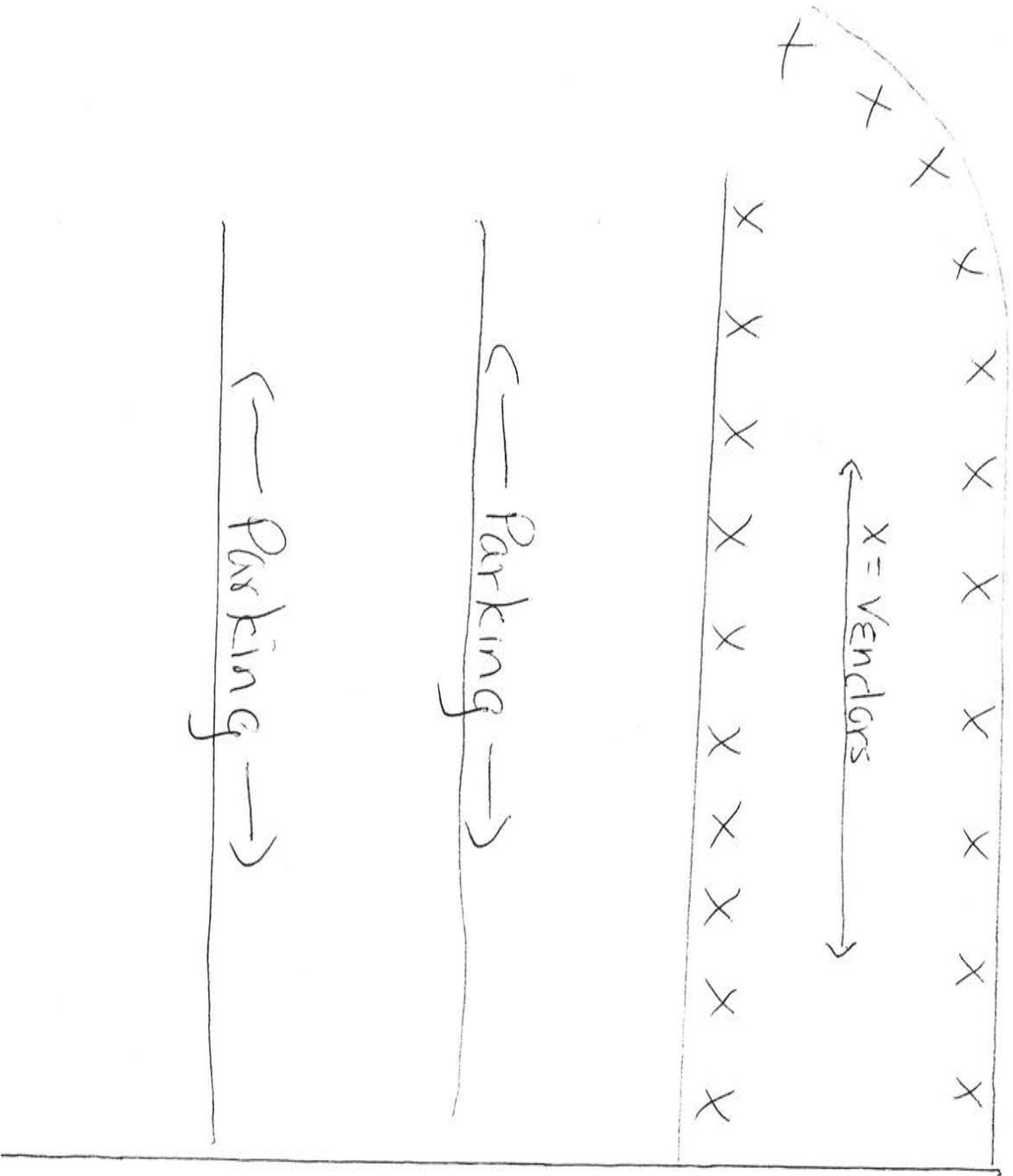
## Mission:

To promote healthy local foods, foster community and provide a venue for farmers and small businesses to sell directly to consumers.

## The Experience:

Enjoy a variety of vendors showcasing only the freshest fruits and vegetables, potted and cut flowers, baked goods, fresh pasta, living herbs, local honey, fresh seafood to go, artisan breads, Mexican and German fare, BBQ, Kettle corn, fruit smoothies, jellies and jams, pet treats, specialty teas, orchids, boiled and roasted peanuts with acoustical guitar and vocals by Grant Werner.

Estero Boulevard



Santini Marina Plaza



# CERTIFICATE OF LIABILITY INSURANCE

WSCJ110-01

ASST

DATE (MM/DD/YYYY)

3/31/2014

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).

<b>PRODUCER</b> Baldwin Krystyn Sherman P.O. Box 23727 Tampa, FL 33623		(813) 984-3200 <b>CONTACT NAME:</b> Nolisha Worrell <b>PHONE (A/C No. Ext):</b> (813) 984-3221 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> certificates@bks-partners.com
<b>INSURED</b> WCSJR II Corporation PO Box 2630 Westport, CT 06880		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Southern Owners Insurance Co. NAIC # 10190 <b>INSURER B:</b> Greenwich Insurance Company 22322 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

TOWN OF FORT MYERS BEACH

AUG 06 2014

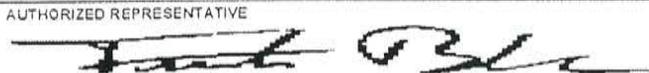
RECEIVED BY

COVERAGES      CERTIFICATE NUMBER:      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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC	X		20730038	4/1/2014	4/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG. \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			20730038	4/1/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$			PPP7443912	4/1/2014	4/1/2015	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS      OTH. FF. 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 Town of Ft Myers Beach is additional insured as respect to general liability.

<b>CERTIFICATE HOLDER</b>  Town of Ft Myers Beach 2523 Estero Blvd Fort Myers Beach, FL 33931-	<b>CANCELLATION</b>  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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