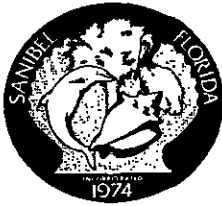


8. CONSENT AGENDA

- f. Request from Clinic for the Rehabilitation of Wildlife, Inc., (C.R.O.W.) to serve alcohol at their annual fund raiser "Taste of the Islands" to be held at Sanibel Community Park, 2221 Periwinkle Way, Sunday, April 13, 2008



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:
PERMIT # _____
_____ of _____

DATE APPLICATION SUBMITTED: 1/24/08

Application must be submitted no later than 30 calendar days prior to the event, accompanied by a \$50 non-refundable 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.

Lee Co. Tax Parcel # _____

EVENT ADDRESS: 2221 Periwinkle Way, Sanibel
 Name of shopping center or complex, if applicable: Sanibel City Park - Community Park
 A drawing of event layout, parking area, placement of signs and temporary structures must be attached upon submission.

NAME OF ORGANIZATION: CROW, Inc.

ADDRESS: PO Box 150; Sanibel, FL 33957 PHONE: 472-3644

CONTACT PERSON: Anita Pinder PHONE: 540-0471
 CELL PHONE: 671-2737 FAX: 540-0471 EMAIL: apinder@embarqmail.com

NAME OF CONTACT PERSON AND PHONE NUMBER AT THE EVENT:
Anita Pinder - 671-2737

DATE(S) OF EVENT:
Sunday, April 13, 2008

BEGINNING/ENDING TIME:
Noon - 6 PM

NUMBER OF PARTICIPANTS EXPECTED: 3500 ADMISSION CHARGE (IF ANY): \$5⁰⁰

TYPE OF EVENT/SPECIFIC ACTIVITIES: 28th Annual Taste of the Islands
Food tasting from Island restaurants; hire music til 5pm.

TEMPORARY SIGN, SIGN TYPE, GRAPHICS & LOCATION: 1 Banner at entrance;
Assorted directional and parking signs day of event.

TEMPORARY STRUCTURES (Including arches, tents (specify tent size), chairs, tables, etc.):
4 Tents 20'x60'; 2 Tents 20'x40'; Vernay Stage On Wheels;
70-8' Tables; 60-6' Tables; 35-8' School Tables; 160 chairs

Tents exceeding 120 square feet require a tent permit from the Building Department and a fire inspection. The applicant is responsible for contacting the Sanibel Fire Control District at (239) 472-5525 to schedule a fire inspection.

PERMIT #

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

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 Special Event Permit, a letter of permission may be submitted with application. City owned location

Property Owner Signature

Print Name

Title

TRAFFIC CONTROL PLAN: Please attach traffic control and parking plan.

Occupational license/registration number is required to work in the City of Sanibel. If you currently have an Occupational License or Registration with the City of Sanibel, what is that number? # _____

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 public right-of-way or other public property be utilized for parking? Yes [] No

Is the event on City property? Yes [] No

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. **Division of Alcoholic Beverages and Tobacco: (239) 278-7195**

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

If this event is an outdoor event, vendor must have **Lee County Department of Health Permit (239) 690-2100** or **Division of Business and Professional Regulation License (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? Waste Pro (City contractor)

It is understood by the 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 review by various City Departments, additional conditions may be imposed. 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, 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)

Signature:

Anita A. Pinder

Print Name:

Anita A. Pinder

-FOR CITY USE ONLY-

DEPARTMENT COMMENTS

FEE BY DEPARTMENT:

Planning

\$

Police

2 officers on grounds, 1 in Comm. Center with Bank, 2 crossing guard officers 11am - 6:30pm, 2.5 hrs x 50 officers x 45 AW hr =

\$1,688.00

\$

Public Works

6 tents

\$ 450⁰⁰

Building

\$50 app. fee paid 1/24/08 Receipt # 8009226

\$ 50-

Finance

\$

Natural Resources

\$

Recreation

TOTAL DUE:

\$

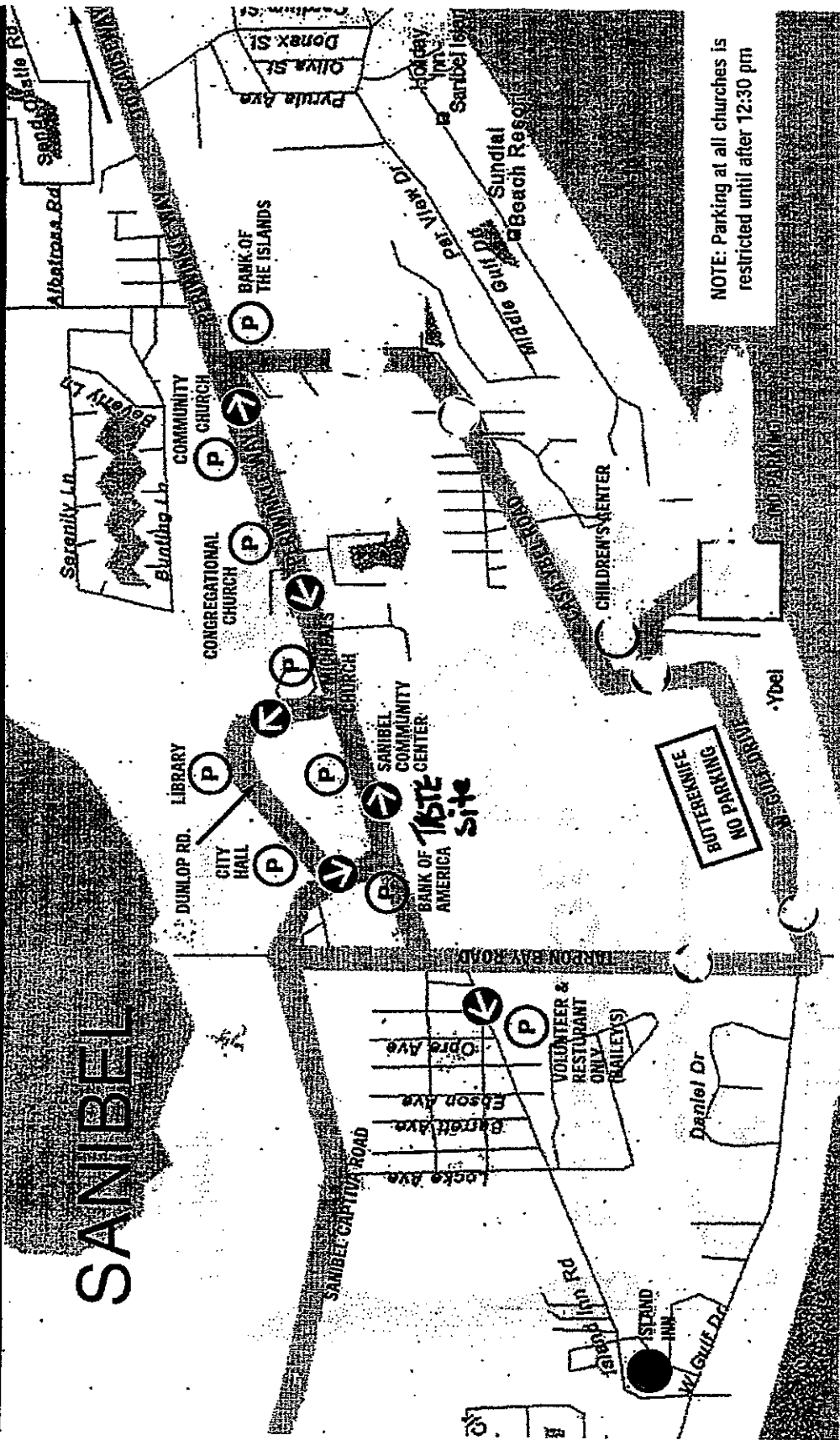
Comments/Permit Conditions:

City Manager Approval

Date

TASTE OF THE ISLANDS

PARKING LOCATIONS AND BUS ROUTES



NOTE: Parking at all churches is restricted until after 12:30 pm

- 1** BUS ROUTE #1 BANK OF THE ISLANDS & COMMUNITY CHURCH
- 2** BUS ROUTE #2 CONGREGATIONAL CHURCH & ST. MICHEALS CHURCH
- 3** BUS ROUTE #3 COMMUNITY CENTER, & BANK OF AMERICA
- 4** BUS ROUTE #4 CITY HALL & LIBRARY
- 5** BUS ROUTE V&R VOLUNTEERS & RESTAURANTS (MUST HAVE PERMIT)
- P** PARKING LOCATIONS

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID HK
CARER-1

DATE (MM/DD/YYYY)
02/20/08

PRODUCER
Stewart & Sons Insurance, Inc.
P.O. Box 60029
Ft. Myers FL 33906-0029
Phone: 239-936-8844

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Clinic For The Rehabilitation
PO BOX 150
Sanibel, FL 33957
of Wildlife, Inc.
P.O. Box 150
Sanibel FL 33957

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mount Vernon Fire Ins Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CL2344074	04/13/08	04/15/08	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<u>Liquor Liability</u>				PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Annual Taste of the Island event held 4/13/08 to 4/15/08. Certificate holder is named as additional insured.

CERTIFICATE HOLDER

CITY-4A

CITY OF SANIBEL
PUBLIC WORKS DEPT
800 DUNLOP ROAD
SANIBEL FL 33957

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

