| Agenda | Item # | C - | 8 |
|-----------|--------|-----|---|
| , 1901144 | | _ | _ |

Village of Royal Palm Beach Village Council Agenda Item Summary

| Agenda Item |
|-------------|
|-------------|

APPROVAL OF A SPECIAL EVENT PERMIT FOR THE YOUTH BASEBALL ASSOCIATION OF ROYAL PALM BEACH (YBARPB) TO HOLD A "BASEBALL TOURNAMENT" EVENT AT 100 WILDCAT WAY, WITHIN THE BOB MARCELLO BASEBALL COMPLEX. THE EVENT WILL TAKE PLACE ON FRIDAY, DECEMBER 9, 2022, THROUGH SUNDAY, DECEMBER 11, 2022. BY LEXI KING.

Issue:

The request is for a special event permit in order to hold a "Baseball Tournament" at the Bob Marcello Baseball Complex located at 100 Wildcat Way. The event will take place on Friday, December 9, 2022, to Sunday, December 11, 2022 during park hours. The applicant has not requested any road closures for this event. The applicant has submitted all necessary information and forms to the Village. Staff has reviewed this application and determined that the proposed event will not adversely affect the immediate area.

Recommended Action:

Approval of Special Event Permits, subject to the attached conditions (Exhibit A).

Initiator: Village Manager Agenda Date Village Council

P&Z Director Approval 11/17/2022 Action

EXHIBIT A

- 1. The event may only occur on Friday, December 9, to Sunday, December 11, 2022, during park hours of the Bob Marcello Baseball Complex.
- 2. Any tents used shall be flame resistant.
- 3. A Business Tax Receipt is required and permits must be obtained for all temporary electrical services, generators or temporary power poles and must be inspected prior to commencement of sales.
- 4. All electrical circuits shall be GFI protected.
- 5. Signage shall be set back at least 10 feet from the property line and shall not interfere with sight lines along public roadways and shall conform to the requirements of Sec. 20-71 of the Village Code of Ordinances.
- 6. A clearly defined paved parking area must be provided.
- 7. The applicant shall provide for portable restroom facilities including at least one handicapped accessible facility if public facilities are not within 500' of accessibility.
- 8. Adequate trash receptacles shall be provided for tree trimming and other debris, which may accumulate on site.
- 9. If trailer is to be used on site for security purpose, the applicant shall obtain temporary trailer permit from the Village Building Department. This trailer may trailer permit from the Village Building Department. This trailer may not be used for overnight sleeping purposes.
- 10. No parking will be allowed in the swales of Crestwood Boulevard.
- 11. Adequate provision shall be made for overflow parking
- 12. The applicant shall be responsible for traffic safety, and shall coordinate traffic control with the Palm Beach County Sherriff, if the need arises.

| Initiator: | Village Manager | Agenda Date | Village Council |
|--------------|-----------------|-------------|-----------------|
| P&Z Director | Approval | 11/17/2022 | Action |

A FULLY COMPLETED APPLICATION MUST BE SUBMITTED TO THE VILLAGE CLERK 45 DAYS IN ADVANCE OF THE EVENT. FAILURE TO SUBMIT A COMPLETE APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION.

RECEIVED BY: Village of Royal Palm Beach

| VILLAGE OF ROYAL PALM BEACH SPECIAL EVENTS PERMIT APPLICATION - OCT 14 2022 |
|---|
| Dum 10/11/22 |
| 12/11/10/11/12/11/12/11/12/12/12 |
| (Name of applicant) |
| of 1127 Reyal Palm Beach Blyd (Mailing address) |
| Name and phone number of contact person: |
| lexi King |
| Email address: 6436@ bellsouth net |
| On behalf of VBACEB |
| (Name of person, corporation, organization, etc.) |
| hereby request a Special Events Permit from the Village of Royal Palm Beach in order to: |
| Hostabaseball townament |
| . <u> </u> |
| <u> </u> |
| In support of such application, I submit the following information: |
| 1. Proposed location: KON MAYCENC BOSOOW COMPLEX |
| |
| (Owner's written consent and affidavit of responsibility is attached.) |
| 2. Proposed date, time of commencement and duration of event: |
| 12/9/22-12/11/22 |
| |
| 3. Approximate number of participants expected: 100 people |
| 4. Insurance company and policy number: K& KINSUVANCE GVOUP |
| ALL 000345094700 |
| (Copy of Certificate of Insurance showing general liability & property damage coverage is |
| attached.) |

| 5. Will state, municipal or county controlled property be involved? Yes No If yes, please describe: BO MANCLE RESERVANT CHAPLES |
|---|
| (State, municipal or county permit or written consent, if applicable, to utilize the above property is attached.) 6. How will this proposed event impact municipal traffic control, fire/rescue operations and/or utilities? |
| 7. Are animals involved in this event? Yes No No If yes, all certificates required by Chapter 5 of the Village Code of Ordinances must be attached hereto prior to the issuance of this permit. 8. What toilet facilities will be provided for use by event participants and the public? 9. Site plan for proposed location of special event showing layout of all facilities, including parking and signage, is attached hereto along with a fully executed Hold Harmless Agreement as required by Section 16-12(a)(2) of the Village Code of Ordinances. 10. Please address the following items: |
| A. How will you assure that the proposed special event will have no adverse vehicular or pedestrian traffic impacts which cannot be prevented by the imposition of conditions? WILL USC BOD Warcello Parking 10-4 |

| B. How will you assure that the proposed special event will have no adverse impacts |
|---|
| on adjacent properties and will not be detrimental to their use and peaceful enjoyment of their |
| Bdo Marcello 13 à baceball camplex we will not use adjacent properties |
| C. How will you assure that the proposed special event will not cause objectionable |
| noise, vibrations, fumes, odors, glare or physical activity which cannot be prevented by the |
| imposition of conditions? |
| no loud speakers accorded or noise |
| Will be used |
| D. How is the proposed special event compatible with the character of the location for |
| which it is proposed? |
| we've holding a baseball tournament |
| M MISCHAR ALIAS |
| |
| 11. In addition to depicting proposed temporary signage on the provided site plan, please |
| list below all signs to be displayed as part of the special event. Please include sign type |
| dimensions, square footage and proposed location(s) (See Village Code Section 20-71). |
| AN DIDAM MILL AN ASCAL |
| |

I affirm that all facts set forth herein are true and correct and understand that the Village of Royal Palm Beach may impose reasonable conditions upon the Special Events Permit in order to reduce adverse impacts and to protect the health, safety and welfare of all. Print Name of Applicant gnature of Applicant THE STATE OF FLORIDA COUNTY OF PALM BEACH The foregoing instrument was acknowledged before me by means of [\sqrt{]} physical day of Actohor presence or [] online notarization this who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one). NOTARY PUBLIC STATE OF FLORIDA (Seal) Notary Public State of Florida Eva M Hermandez My Commission GG 258724 Expires 01/13/2023

HOLD HARMLESS AGREEMENT FOR APPLICANT

The undersigned hereby requests a Special Events permit from the Village of Royal Palm Beach, Florida ("Village"). NOW, THEREFORE, for and in consideration of the issuance of the permit by the Village and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we agree as follows: I/we hereby agree to abide by all regulations set forth in the VILLAGE OF ROYAL PALM BEACH Code of Ordinances and all other laws. I/we hereby agree that I/we will indemnify and hold the Village harmless from and against any and all claims, demands, lawsuit, settlements, damages, costs and expenses, including attorneys' fees, suffered or incurred by the Village and arising out of or in connection with the Special Event conducted. day of OC TODEN Executed this Brandor mnted Name STATE OF FLORIDA COUNTY OF PALM BEACH The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this 13 day of October _, 20_**_22**_ by , who is personally known to me or who has produced a

> Notary Public State of Florida

(Seal)

Florida driver's license as identification and who did/did not take an oath (circle one).



AFFIDAVIT FOR SPECIAL NO FEE PERMIT NON-PROFIT, CHARITABLE, VETERANS' ORGANIZATIONS AND/OR OTHERS ENTITLED TO EXEMPTIONS

| Lexi King DATE: 10/11/22 |
|---|
| I'We Vouth Bareball Hsociation of Rajal Palm, (Name |
| of Applicant) of 127 Reyal Palm Beach But (Mailing Address of Applicant) |
| on behalf of 12U Predoctures (YBH29B) |
| (Non-profit, Charitable, Veterans' Organization or others entitled to exemptions) |
| hereby request a special no fee permit or reduced rate occupational license from the VILLAGE OF ROYAL PALM BEACH in accordance with Section 16-8 of the Village Code in order to operate the business as described below or to hold the following fundraising project and/or sale at the following location: |
| 100 Will Cot way Bob Marcello Baseball Complex |
| |
| 1. The VBYPP (S) (Non-profit, Charitable, Veterans' Organization or others entitled to exemptions) |
| is a bona fide Non-Profit, Charitable, Veterans' Organization or other person/entity entitled to an exemption which operates without private profit for a civic, charitable, youth, service, fraternal or religious purpose. Attached is documentation to support this statement, i.e. incorporation certificate; 501c(3) status, etc. |
| 2. Liki King Mane Lawson, 120 Andobys (Name of persons involved in project) are bona fide members of the MBH2PP |
| organization and will not receive any compensation, whatsoever, for the operation of the project. |
| 3. The 12U Predatus |
| (Name of Organization or Person) will abide by all regulations set forth in the VILLAGE OF ROYAL PALM BEACH Code of Ordinances. |
| 4. I understand that all facts stated herein may be investigated by the VILLAGE OF ROYAL PALM BEACH and that if there are any misrepresentation stated herein, any permit or occupational license issued on the basis of this Affidavit shall be automatically revoked. I hereby swear that all facts stated herein are true and correct. |

| Signature of Applicant | Printed Name of Applicant |
|------------------------------------|--|
| STATE OF FLORIDA |))ss: |
| COUNTY OF PALM BEACH |) |
| presence or [] online notarization | was acknowledged before me by means of [] physical ion this 13 day of hear 20 22 by he is personally known to me or who has produced a Florida d who did/did not take an oath (circle one). Notary Public State of Florida |
| | (Seal) |
| | Notary Public State of Florida Eva M Hernandez My Commission GG 258724 Expirés 01/13/2023 |

<u>ACORD</u>™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/4/2022

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 statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s) PRODUCER K&K INSURANCE GROUP, INC. CONTACT Nick Davey NAME 1712 MAGNAVOX WAY 800-736-7358 PO BOX 2338 847-953-2873 (A/C. No. Ext): (A/C, No): FORT WAYNE IN 46801 Nick.Davev@kandkinsurance.com ADDRESS INSURED INSURER(S) AFFORDING COVERAGE MAIC # MEMBER NO: INSURER A: New Hampshire Insurance Company 23841 INSURER B: National Union Fire Ins Co of Pittsburgh 19445 ROYAL PALM BEACH YOUTH BASEBALL BABE RUTH LEAGUE INSURER C: DBA: Youth Baseball Association of Royal Palm Beach INSURER D 1127 Royal Palm Beach Blvd INSURER E Royal Palm Beach, L, 33411 INSURER F: 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. ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS LTR X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 300,000 02/04/2022 02/01/2023 12:01 AM AIL0003450194700 12:01 AM MED EXP (Any one person) 5.000 PERSONAL & ADV INJURY \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER-GENERAL AGGREGATE \$5,000,000 POLICY PROJECT PRODUCTS-COMP/OP AGG \$2,000,000 OTHER PARTICIPANT LEGAL LIABILITY \$2,000,000 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 (Ea Accident) ANY AUTO BODILY INJURY (Per person) 02/04/2022 OWNED AUTOS ONLY SCHEDULED 02/01/2023 12:01 AM AIL0003450194700 BODILY INJURY (Per accident) AUTOS 12:01 AM HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE Х UMBRELLA LIAB # OCCUR EACH OCCURRENCE # CLAIMS-MADE **EXCESS LIAB** AGGREGATE DED RETENTION WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OTHER STATUTE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 02/01/2023 02/04/2022 Excess Medical \$250,000 PARTICIPANT ACCIDENT AIB0003450195100 В 12:01 AM 12:01 AM AD&D \$ 15,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ADDITIONAL INSURED: ANY PERSON, ORGANIZATION OR ENTITY WHO IS ENGAGED IN PROVIDING THE PREMISES, IS A SPONSOR OR CO-PROMOTER, BUT SOLELY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Evidence of Coverage ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Scott Junterel