

Agenda Item #__C - 9__

**Village of Royal Palm Beach
Village Council
Agenda Item Summary**

Agenda Item:

APPROVAL OF A SPECIAL EVENT PERMIT FOR THE AMERICAN CANCER SOCIETY TO HOLD A FUNDRAISER FOR RELAY FOR LIFE OF PALM BEACH COUNTY AT 11600 POINCIANA BLVD, THE ROYAL PALM BEACH COMMONS PARK ON SATURDAY, FEBRUARY 25, 2023 FROM 4:00 P.M. TO 9:30 P.M. BY LISA NOEL.

Issue:

The applicant, the American Cancer Society, is requesting a special event permit in order to hold a fundraiser at the Royal Palm Beach Commons Park. The event will take place on Saturday, February 25, 2023 from 4:00 p.m. until 9:30 p.m. 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 use will not adversely affect the immediate area. The Church is requesting a special no fee permit for non-profit organizations.

Recommended Action:

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

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

EXHIBIT A

1. The event may only occur on February 25th, 2023 from 4:00 p.m. to 9:30 p.m.
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 Sherrieff, if the need arises.

Initiator:	Village Manager	Agenda	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.

Village of Royal Palm Beach

SEP 14 2022

VILLAGE OF ROYAL PALM BEACH
SPECIAL EVENTS PERMIT APPLICATION Time _____

DATE: 8/30/22

I/We Lisa Noel w/ the American Cancer Society
(Name of applicant)

of _____
(Mailing address)

Name and phone number of contact person:

Lisa Noel 561-635-4084

Email address: Lisa.Noel@cancer.org

On behalf of American Cancer Society
(Name of person, corporation, organization, etc.)

hereby request a Special Events Permit from the Village of Royal Palm Beach in order to:

Raise money for the American Cancer Society's
Relay For Life of Palm Beach county

In support of such application, I submit the following information:

1. Proposed location: Royal Palm Beach Commons Park

(Owner's written consent and affidavit of responsibility is attached.)

2. Proposed date, time of commencement and duration of event:

February 25 4:00pm - 9:30pm
2023

3. Approximate number of participants expected: 250-300

4. Insurance company and policy number: _____

(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:

(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? We have done an event in this location before and it did not effect anything.

Proposed impact mitigation plan:

7. Are animals involved in this event? Yes ☒ 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?

Public Facilities

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?

We will help control the flow of traffic when the run starts but leading up to event we should not have any issues.

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 property?

We will have staff and volunteers monitoring the run and will intervene if necessary.

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?

Nothing of that nature will be involved with the run.

D. How is the proposed special event compatible with the character of the location for which it is proposed?

Commons Park has a beautiful 5K course already in place.

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).

We would have track marker signs guiding everyone in the right direction. They are approx. 2 feet x 2 feet.

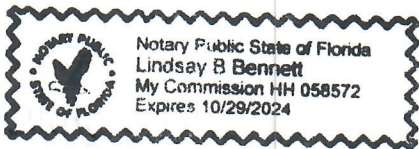
I affirm that all facts set forth herein are true and correct and understand that the Village of Royal Palm Beach may impose reasonable conditions upon the Special Events Permit in order to reduce adverse impacts and to protect the health, safety and welfare of all.

Lisa Noel
Signature of Applicant

Lisa Noel
Print Name of Applicant

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 7 day of September, 2022, by Lisa Noel, 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).



(Seal)

[Signature]
NOTARY PUBLIC
STATE OF FLORIDA

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:

1. 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.

2. 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.

Executed this 8th day of Sept., 20 22.

WITNESSES:

Ange McLaughlin Kupp
Signature

Ange McLaughlin Kupp
Printed Name

Signature

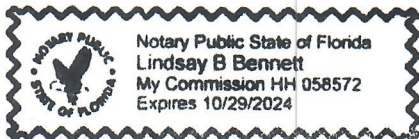
Printed Name

Lisa Noel
Applicant

Lisa Noel
Printed Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of [☒] physical presence or [☐] online notarization this 7th day of September, 20 22 by Lisa Noel, 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).



(Seal)

[Signature]
Notary Public
State of Florida

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

DATE: 8/30/2022

I/We Lisa Noel, (Name
of Applicant)
of 208 Park Rd. N RPB FL 33411,
(Mailing Address of Applicant)
on behalf of American Cancer Society,
(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:

Royal Palm Beach Commons Park

1. The American Cancer Society
(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. Lisa Noel
(Name of persons involved in project)
are bona fide members of the American Cancer Society
organization and will not receive any compensation, whatsoever, for the operation of the project.

3. The American Cancer Society
(Name of Organization or Person)
will abide by all regulations set forth in the VILLAGE OF ROYAL PALM BEACH Code of Ordinances.

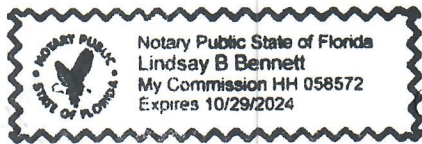
4. I understand that all facts stated herein may be investigated by the VILLAGE OF ROYAL PALM BEACH and that if there are any misrepresentation stated herein, any permit or occupational license issued on the basis of this Affidavit shall be automatically revoked. I hereby swear that all facts stated herein are true and correct.

Lisa Noel
Signature of Applicant

Lisa Noel
Printed Name of Applicant

STATE OF FLORIDA)
)ss:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me by means of [☒] physical presence or [☐] online notarization this 7th day of September, 2022 by Lisa Noel, 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).



(Seal)

[Signature]
Notary Public
State of Florida



AMERICAN4

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2021

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 Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway NE, Suite 700 Atlanta, GA 30328	CONTACT NAME: Jennifer Lefler PHONE (A/C, No, Ext): 470-875-0441 E-MAIL ADDRESS: jennifer.lefler@usi.com FAX (A/C, No): 610-537-1929														
INSURED American Cancer Society, Inc. 3380 Chastain Meadows Pkwy. NW Suite 200 Kennesaw, GA 30144-0101	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B: Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER C: ACE Fire Underwriters Ins. Co.</td><td>20702</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: Evanston Insurance Company	35378	INSURER C: ACE Fire Underwriters Ins. Co.	20702	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 15431770**REVISION NUMBER:** See below

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<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 checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Event		HDO G72478162	09/01/2021	09/01/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 2,500</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 25,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 2,500	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 25,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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GENERAL AGGREGATE	\$ 25,000,000																			
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	\$																			
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISA H2555999A	09/01/2021	09/01/2022	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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AGGREGATE	\$ 1,000,000																			
	\$																			
A	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WLR C68911102 (AOS) SCF C6891114A (WI)	09/01/2021 09/01/2021	09/01/2022 09/01/2022	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER**CANCELLATION**

American Cancer Society, Inc.
3380 Chastain Meadows Pkwy. NW
Suite 200
Kennesaw, GA 30144

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



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

AMERICAN4

DATE (MM/DD/YYYY)

8/30/2021

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway, NE, Suite 700 Atlanta, GA 30328		PHONE (A/C, No, Ext): 404-923-3700	COMPANY NAME AND ADDRESS Westport Insurance Corporation 5200 Metcalf Overland Park, KS 66201		NAIC NO: 39845
FAX (A/C, No):	E-MAIL ADDRESS: jennifer.lefler@usi.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Property		
AGENCY CUSTOMER ID #: NAMED INSURED AND ADDRESS American Cancer Society, Inc. 3380 Chastain Meadows Pkwy. NW Suite 200 Kennesaw, GA 30144-0101			LOAN NUMBER	POLICY NUMBER NAP2002860 03	
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 09/01/2021	EXPIRATION DATE 09/01/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED: SID# 1358640 8/30/2021		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

2821 Newcastle Drive NE, Palm Bay, FL 32905

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 EVIDENCE OF PROPERTY INSURANCE 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.


COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	X	SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 2,500,000 DED: \$50,000				
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X			
BLANKET COVERAGE	X			
TERRORISM COVERAGE	X			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				
IS DOMESTIC TERRORISM EXCLUDED?				
LIMITED FUNGUS COVERAGE				
FUNGUS EXCLUSION (If "YES", specify organization's form used)				
REPLACEMENT COST	X			
AGREED VALUE				
COINSURANCE	X			
EQUIPMENT BREAKDOWN (If Applicable)	X			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				
- Demolition Costs				
- Incr. Cost of Construction				
EARTH MOVEMENT (If Applicable)				
FLOOD (If Applicable)				
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				

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.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS American Cancer Society, Inc. 3380 Chastain Meadows Pkwy, NW, Suite 200 Kennesaw, GA 30144			AUTHORIZED REPRESENTATIVE 

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ACORD 28 (2016/03)

This evidence replaces evidence# 1358640 issued on 8/30/2021 1358689

REMARKS: (Continued from Page1):

\$10,000,000 limit Expediting Expenses combined with Extra Expense

Miscellaneous Equipment/Leased/Rented Equipment - \$1,000,000 subject to \$100,000 Deductible

