

Agenda Item #__C - 6__

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

Agenda Item:

APPROVAL OF A SPECIAL EVENT PERMIT FOR AMBER'S ANIMAL OUTREACH TO HOLD A CHRISTMAS FUNDRAISER AT THE COMMUNITY ANIMAL HOSPITAL OF ROYAL PALM BEACH ON SATURDAY, DECEMBER 3RD, 2022 FROM 2:00 P.M. TO 5:00 P.M. BY KELLY NELSON.

Issue:

The applicant is requesting a special event permit in order to hold a Christmas fundraiser at the Community Animal Hospital of Royal Palm Beach, located at 11462 Okeechobee Blvd. on Saturday, December 3, 2022, from 2:00 p.m. to 5:00 p.m., plus an additional one (1) to two (2) hours prior to the event for set up and after the event for breakdown. The applicant has not requested any road closures for this event. The Applicant is requesting a special no fee permit for non-profit organizations. 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.

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 December 3, 2022 from 2:00 p.m. to 5:00 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 Sheriff, 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.

RECEIVED BY:
Village of Royal Palm Beach
OCT 12 2022

VILLAGE OF ROYAL PALM BEACH
SPECIAL EVENTS PERMIT APPLICATION

DATE: 10-12-22 (RW)

I/We Kelly Nelson (Amber's Animal Outreach)
(Name of applicant)

of 17774 Hamlin Blvd, Loxahatchee, FL 33470
(Mailing address)

Name and phone number of contact person 561-449-5491

Email address: ambersanimaloutreach@gmail.com

On behalf of Amber's Animal Outreach
(Name of person, corporation, organization, etc.)

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

host Christmas Event Fundraiser

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

1. Proposed location: Community Animal Hospital

11462 Okeechobee Blvd, RPB 33411
(Owner's written consent and affidavit of responsibility is attached.)

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

Dec 3, 2022, event - 2pm - 5pm (plus 1-2 hours prior for setup and after event for break down)

3. Approximate number of participants expected: 100

4. Insurance company and policy number: 3DS5473-m2959986

cert. form attached

(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 X.

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? no impact on traffic - event being held in closed
parking lot

Proposed impact mitigation

plan: _____

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

facility - Community Animal Hospital

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 16-12A.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?

it will be blocked off so no traffic enters in parking lot

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?

volunteers will direct parking - surrounding lots are empty
for ~~closed~~ business being closed.

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?

only having a radio for music - small speaker

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

Fundraiser for dog rescue being held at an
animal clinic to educate and bring ~~together~~
the community together.

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).

3x5 Event sign facing Okeechobee ~~hwy~~ Blvd.
next to street to be seen for advertisement.

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.

Kelly Nelson
Signature of Applicant

Kelly Nelson
Print name and office held, if applicable

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 12th day of October, 2022, by Kelly Nelson, 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.

Jacqueline M. Shimhue-Davy
NOTARY PUBLIC
STATE OF FLORIDA
(Seal)



VILLAGE OF ROYAL PALM BEACH, FLORIDA
OWNER'S AFFIDAVIT OF CONSENT AND RESPONSIBILITY
DO NOT COMPLETE FOR EVENTS ON VILLAGE PROPERTY

DATE: 10-5-2022

APPLICATION FOR: Special Events Permit X OR Seasonal Vendor Permit _____

PROPOSED LOCATION FOR SPECIAL EVENT OR TEMPORARY SALE:

Community Animal Hospital
11462 Okeechobee Blvd
RFB, FL 33411

* I/We, Tammy M. Dugal, own the property referenced above and hereby grant my/our consent for Amber's Animal Outreach to utilize the property for Dec 3, 2022, Christmas acknowledging that I/we will be responsible for the activities conducted thereon. Event Fundraiser

Affiant

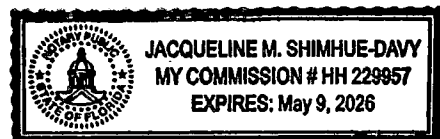
Tammy M. Dugal
Affiant

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 12th day of October, 2022 by _____ and _____, 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.

Jacqueline M. Shimhue-Davy
Notary Public
State of Florida
(Seal)



HOLD HARMLESS AGREEMENT FOR APPLICANT

The undersigned hereby requests a Special Events/Seasonal Vendor permit (circle one) 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, Temporary Sale, or Seasonal Vending conducted.

Executed this 12 day of Oct, 2022.

WITNESSES:

Amber Nelson

Signature

Amber Nelson

Printed Name

Signature

Printed Name

Kelly Nelson

Applicant

Kelly Nelson

Printed Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

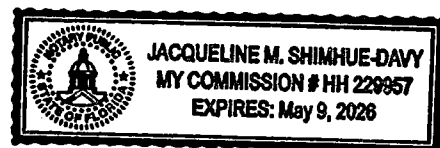
The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 12th day of October, 2022 by Kelly Nelson, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath.

Jacqueline M. Shimhue-Davy

Notary Public

State of Florida

(Seal)



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

DATE: 10-5-22

I/We Kelly Nelson - Ambers Animal Outreach,

(Name of Applicant)

of 17774 Hamlin Blvd box 33470,

(Mailing Address of Applicant)

on behalf of Ambers Animal Outreach,

(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:

Community Animal Hospital

11462 Okeechobee Blvd

RPB, FL 33411

1. The Ambers Animal Outreach

(Non-profit, Charitable, Veterans' Organization or others entitled to exemptions)

is a bonafide 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. Kelly Nelson, Amber Nelson,

(Name of persons involved in project)

are bonafide members of the Amber's Animal Outreach
organization and will not receive any compensation, whatsoever, for the operation of the
project.

3. The Amber's Animal Outreach

(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.

Kelly Nelson
Signature of Applicant

Office Held, if applicable

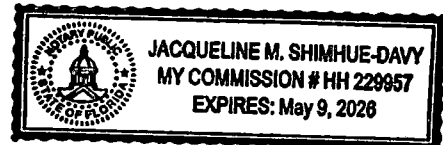
STATE OF FLORIDA)

)ss:

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me by means of ☐ physical
presence or ☐ online notarization this 12th day of October, 2022 by
Kelly Nelson, 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.

Jacqueline M. Shimhue-Davy
Notary Public
State of Florida
(Seal)





COMMUNITY ANIMAL HOSPITAL

of Royal Palm Beach

Amber's Animal Outreach
P.O. Box 1036
Loxahatchee, Fl. 33470

October 10, 2022

Dear Amber and Kelly,

We are happy to offer our office parking area for your Christmas Event on December 3rd, 2022. Working with you is an opportunity to help some animals be healthy and happy in forever homes.

Amber's Animal Outreach helps those "children of a lesser voice" by serving dog owners and rescues by assisting with medical expenses, shelter, rescue, fostering, training, dog supplies, spay/neutering and educating the public to prevent unnecessary population.

Sincerely,

Tammy Dugal
Community Liason



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8016633346C-9	02/03/2020	02/28/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

AMBERS ANIMAL OUTREACH INC
17774 HAMLIN BLVD
LOXAHATCHEE FL 33470-2677

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 09 2015

AMBERS ANIMAL OUTREACH
17774 HAMLIN BLVD
LOXAHATCHEE, FL 33470

Employer Identification Number:
47-1280914

DLN:

17053224311034

Contact Person:

LOUIS F JOHNSON

ID# 95135

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

~~Form 990 Required.~~

YES

Effective Date of Exemption:
July 25, 2014

Contribution Deductibility:
YES

Addendum Applies:
NO

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2022

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 East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		CONTACT NAME: Will Maddux PHONE (A/C, No, Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C, No):	
INSURED Ambers Animal Outreach c/o Kelly Nelson PO Box 1036 Loxahatchee FL 33470		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	N	3DS5473-M2959986	10/08/2022 12:01 AM	10/08/2023 12:01 AM	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	Retail Liquor Liability						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						Deductible \$ 1,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19.
Attendance: 1000, Event Type: Dog Event.

CERTIFICATE HOLDER**CANCELLATION**

communit yanimal hospital ambers animal outreach 11462 okeechobee blvd royal palm beach FL 33411	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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Royal Palm Beach Professional Center
11440 Okeechobee Blvd
Royal Palm Beach, Fl 33411
(954) 608-7022

Dear Sirs,

Amber's Animal Outreach annual Christmas event fundraiser on
December 3rd is requesting the use of our parking lot. This request
is granted to make this event successful and safe.

Thank you in advance,

Sandeep Pandare

Sandeep Pandare Owner

James Micloni (Meach)

James Micloni Property Manager

(South)

Community Animal Hospital

check in sign
yard sign
18-24

check in tables

yard sign
18x24
check in sign

water station for dogs

(East)

← parking spots — vendors tents
no cars

Red carpet

(West)

→ parking spots — vendors tents
no cars

(Parking sign)
yard sign
18x24

3x5ft
Holiday Event yard sign

Okeechobee Blvd

(north)

cars parking at:

Royal Palm Professional Center
East of ~~A~~ Community Animal Hospital
11440 Okeechobee Blvd