

Agenda Item #\_\_C - 12\_\_

**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 EASTER ADOPTION FUNDRAISER AT THE COMMUNITY ANIMAL HOSPITAL OF ROYAL PALM BEACH ON SATURDAY, APRIL 1, 2023 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 Easter Adoption Fundraiser at the Community Animal Hospital of Royal Palm Beach, located at 11462 Okeechobee Blvd. on Saturday, April 1, 2023, 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).

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Initiator:	Village Manager	Agenda	Village Council
P&Z Director	Approval	02/16/2023	Action

## **EXHIBIT A**

1. The event may only occur on Saturday, April 1, 2023, 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.
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.

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Initiator:	Village Manager	Agenda	Village Council
P&Z Director	Approval	02/16/2023	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

JAN 11 2023

VILLAGE OF ROYAL PALM BEACH  
SPECIAL EVENTS PERMIT APPLICATION

DATE: 1-11-2023

Time \_\_\_\_\_

I/We Ambers Animal Outreach  
(Name of applicant)

of 17774 Hamlin Blvd box 33470  
(Mailing address)

Name and phone number of contact person:

Kelly Nelson 561-449-5491

Email address: ambersanimaloutreach@gmail.com

On behalf of Ambers Animal Outreach  
(Name of person, corporation, organization, etc.)

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

April 1, 2023 Easter Adoption fundraiser

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

1. Proposed location: Community Animal Hospital

\*

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

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

April 1, 2023 2pm-5pm (Event) allowance of 2 hrs  
before (set up) 2 hrs after (Break down)

3. Approximate number of participants expected: 100

4. Insurance company and policy number: 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 ☒  
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? will not impact traffic, event held in  
parking lot, business closed, parking at ~~closed~~  
designated area - no traffic

Proposed impact mitigation plan:

Blocked off designated area for parking

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?

Community Animal Clinic facility

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?

cones / blocking area off - no traffic in area,  
designated parking signs

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?

Designated parking area - I will inspect and be there

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?

I will be there assuring and inspecting.

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

Benefiting Amber's Animal Outreach (Dog rescue organization)

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).

Easter Event (4x6) parking signs, check in sign  
(18"x24") (18"x24")

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 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 14th day of JANUARY, 2023, 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 (circle one).

Diane M. Disanto

NOTARY PUBLIC  
STATE OF FLORIDA

(Seal)





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 11th day of JANUARY, 2023

WITNESSES:

[Signature]  
Signature

Isaquelina Shimbun-Dan  
Printed Name

[Signature]  
Signature

Amber Nelson  
Printed Name

[Signature]  
Applicant

Tammy M. Dugal  
Printed Name

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of [ X ] physical presence or [ ] online notarization this 11th day of JANUARY, 2023 by [Signature], 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).

[Signature]

Notary Public  
State of Florida

(Seal)



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

DATE: 1/11/2023

I/We Kelly Nelson - (Amber's Animal Outreach), (Name  
of Applicant)  
of 17774 Hamlin Blvd Loxahatchee, FL 33470,  
(Mailing Address of Applicant)  
on behalf of Amber's 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 Clinic  
11462 Okeechobee Blvd  
Royal Palm Beach, FL

1. The Amber's Animal Outreach  
(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. Kelly Nelson  
(Name of persons involved in project)

are bona fide 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

Kelly Nelson  
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 11th day of JANUARY, 2023 by \_\_\_\_\_, 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).

Diane M. Disanto

Notary Public  
State of Florida

(Seal)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/02/2023

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).

<b>PRODUCER</b> East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		<b>CONTACT NAME:</b> Will Maddux <b>PHONE (A/C, No, Ext):</b> (530) 477-6521 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> info@theeventhelper.com	
<b>INSURED</b> Ambers Animal Outreach c/o Kelly Nelson PO Box 1036 Loxahatchee FL 33470		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 35378	

## 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	N	3DS5473-M2959986	10/08/2022 12:01 AM	10/08/2023 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 1,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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 <input type="checkbox"/> N/A						PER STATUTE E.L. EACH ACCIDENT \$ 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

community animal 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 <i>Will Maddux</i>

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## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

community animal hospital  
ambers animal outreach  
11462 okeechobee blvd  
royal palm beach, FL 33411

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.



## 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](http://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





**COMMUNITY ANIMAL HOSPITAL**

of Royal Palm Beach

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

January 6, 2023

Dear Kelly and Amber,

RE: April 1, 2023

We are happy to offer our parking area for your Spring Event on April 1<sup>st</sup>, 2023. Working with your team is an opportunity to help animals get a forever home to be healthy and happy.

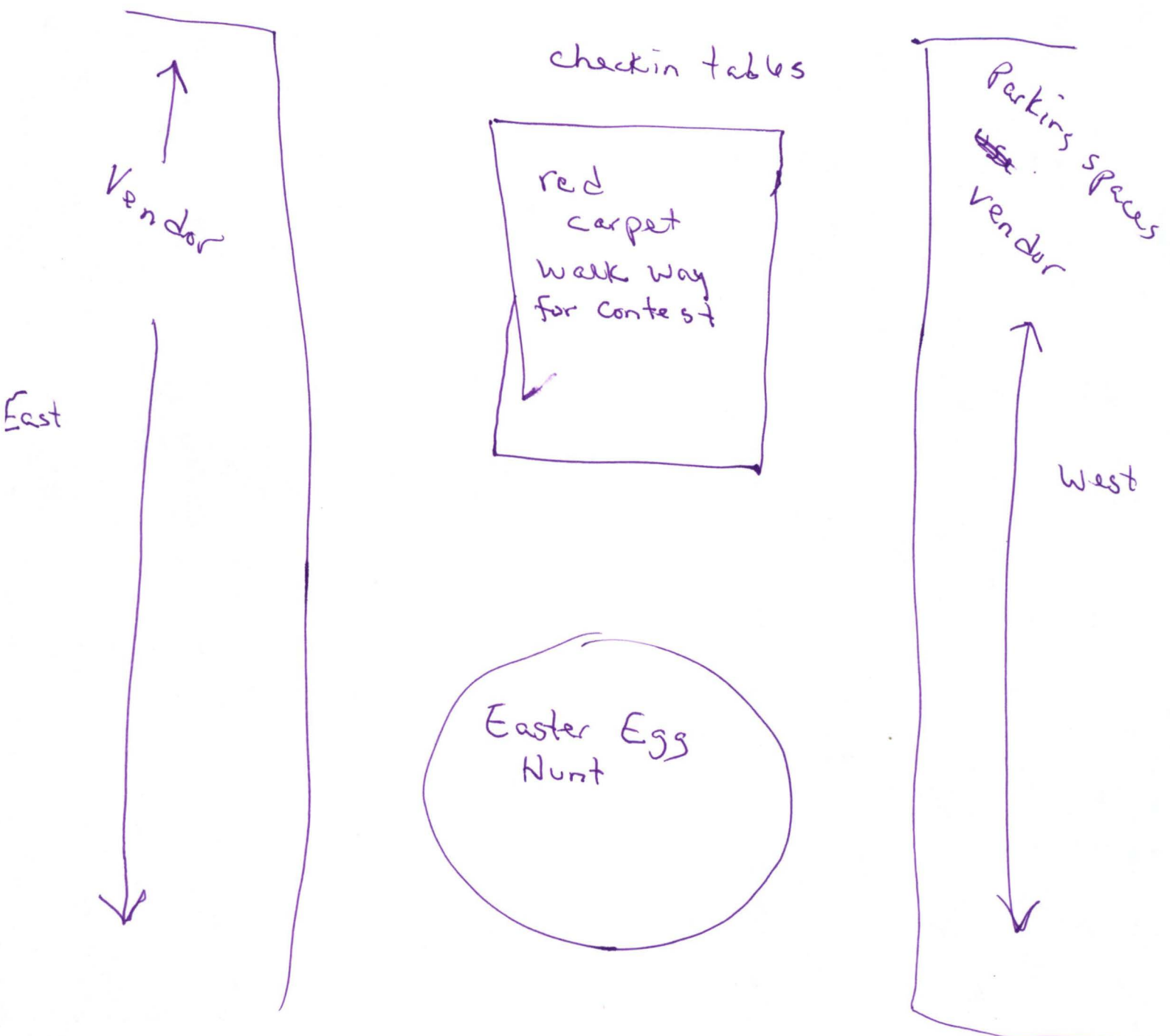
Amber's Animal Outreach helps those "children of a lesser voice" by serving dog owners and rescues by assisting with medical expenses, shelter, rescue, fostering, training, dog supplies and educating the public.

Sincerely,

Tammy Dugal  
Community Liason



Community Animal Clinic (South)



Parking signs

4x6 Easter Event Sign

(north - OKeechawbee Blvd)