

Agenda Item #_ C - 5_____

**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 SUNDAY, MARCH 24, 2024 FROM 12:00 P.M. TO 3:00 P.M. BY KELLY NELSON.

Issue:

The applicant is requesting a special event permit in order to hold an Easter Adoption Fundraiser at the Community Animal Hospital of Royal Palm Beach, located at 11462 Okeechobee Blvd. on Sunday, March 24, 2024, from 12:00 p.m. to 3:00 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	02/15/2024	Action

EXHIBIT A

1. The event may only occur on Sunday, March 24, 2024, from 12:00 p.m. to 3:00 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 Sherriff, if the need arises.

Initiator:	Village Manager	Agenda	Village Council
P&Z Director	Approval	02/15/2024	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 05 2024

VILLAGE OF ROYAL PALM BEACH
SPECIAL EVENTS PERMIT APPLICATION

DATE: ~~Dec 28, 2023~~ 1/4/2024

Time _____

I/We Kelly Nelson

(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:

Easter Event fundraiser

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

1. Proposed location: Community Animal Hospital

11462 Okeechobee Blvd, Royal Palm Beach

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

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

march 24, Sunday 2024

noon - 3pm (please allow 1-2 hours before/after for

3. Approximate number of participants expected: 100

Set up & clean up

4. Insurance company and policy number: Eastman Acoord #Evanston Ins

3055474 - M3808593

(Copy of Certificate of Insurance showing general liability & property damage coverage is attached.)

(attached w/ application)

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? ~~no impact~~ none - Event will be in private

parking lot and parking at closed business

Proposed impact mitigation plan:

parking in closed business lot and event at private lot (closed)

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?

at 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 16-12(a)(2) of the Village Code of Ordinances.

10. Please address the following items:

* See attached with application

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?

Blocked off w/ tape and/or cones

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 be directing proper parking area

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?

Event is over see with volunteers & adult

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

Dog related (adoption event) → animal hospital

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).

18" x 18" - parking signs / 18" x 18" check in sign
3' x 5' - event signage facing Okuchobee Blvd

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 4th day of January, 2024, 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)



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

DATE: 1/5/2024

APPLICATION FOR: Special Events Permit

PROPOSED LOCATION FOR SPECIAL EVENT:

Community Animal Hospital for RB.
11462 Okee Blvd.
R.P.B., Fla. 33411

I/We, Randall + Tammy Dugal, own the property referenced above and hereby grant my/our consent for Ambers Animal Outreach to utilize the property for Easter Puppy Event. acknowledging that I/we will be responsible for the activities conducted thereon.

Tammy Dugal
Affiant

Affiant

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 5th day of JANUARY, 2024 by Tammy DUGAL 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 (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 4th day of JANUARY, 2024.

WITNESSES:

[Signature]
Signature

Robin Cronk
Printed Name

[Signature]
Signature

Miranda Russell
Printed Name

[Signature]
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 4th day of JANUARY, 2024 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).

[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: 1/4/2024

I/We Kelly Nelson, (Name of Applicant)
of 17774 Hamlin Blvd, Lox 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 Outreach
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.

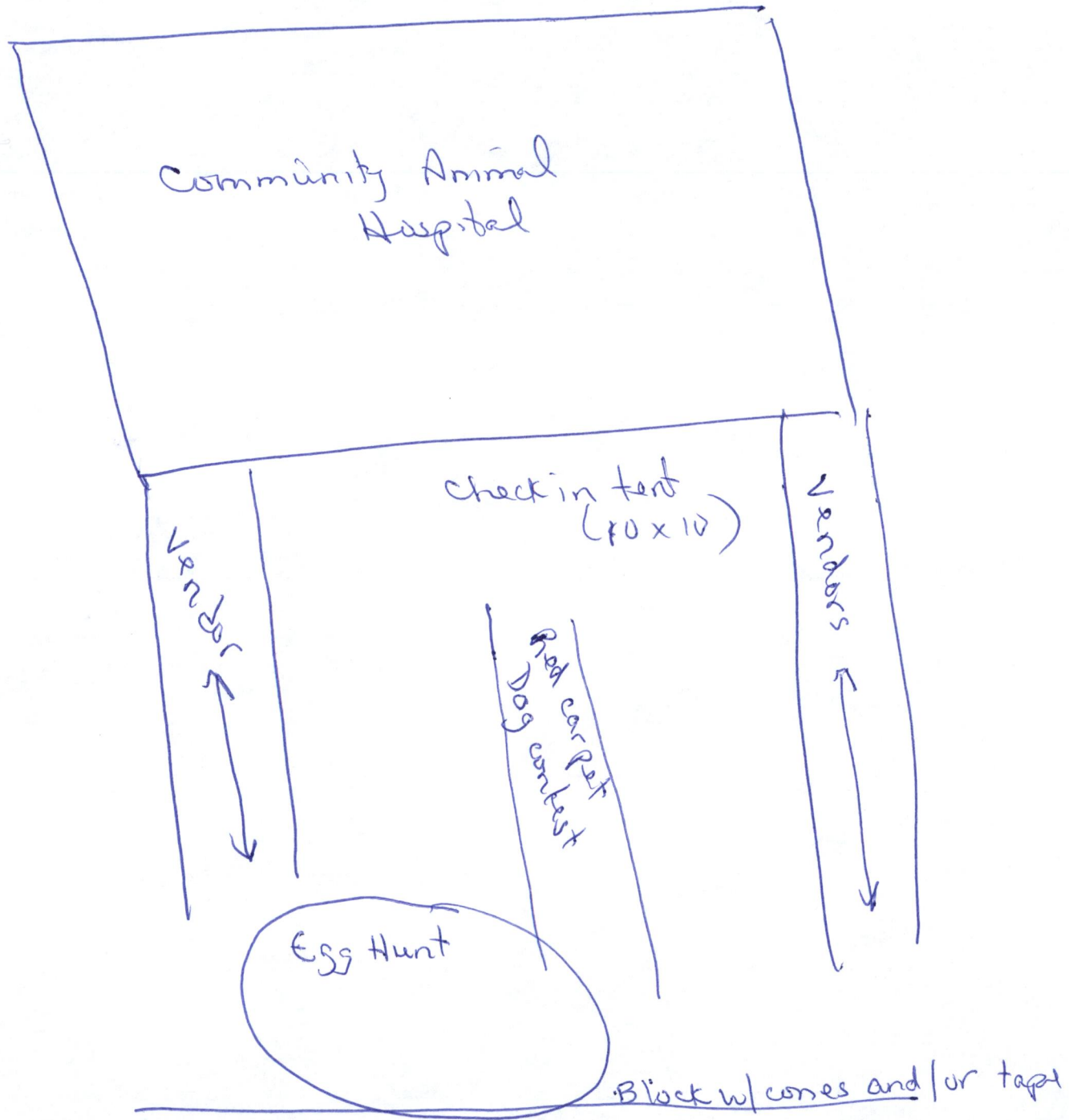
2. Kelly Nelson
(Name of persons involved in project)

are bona fide members of the _____ 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.



* (3x5 sign) facing Okeechobee Blvd

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

Letter 947

9900346 12/17/19



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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2023

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).

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):
	INSURER(S) AFFORDING COVERAGE	
INSURED Ambers Animal Outreach c/o Kelly Nelson PO Box 1036 Loxahatchee FL 33470	INSURER A: Evanston Insurance Company NAIC # 35378	
	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	3DS5474-M3808593	10/08/2023 12:01 AM	10/08/2024 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:							GENERAL AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:							Deductible	\$ 1,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	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**

Community Animal Hospital 11462 Okeechobee Blvd royal palm beach FL 33407	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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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
11462 Okeechobee Blvd
royal palm beach, FL 33407

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.