



Agenda Item # C - 16

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

**Agenda Item:**

**APPROVAL OF AN APPLICATION FOR A SPECIAL EVENTS PERMIT BY THE AMERICAN CANCER SOCIETY TO CONDUCT THEIR “GLOW IN THE DARK FUN RUN 5K” EVENT AT ROYAL PALM BEACH COMMONS PARK ON SATURDAY, JANUARY 18, 2020 FROM 5:30 P.M UNTIL 8:30 P.M.; BY LISA NOEL.**

**Issue:**

American Cancer Society is seeking permission to hold their “Glow in the dark fun run 5K” event at Royal Palm Beach Commons Park on Saturday January 18, 2020 from 5:30 p.m. until 8:30 p.m. 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 Approval	Agenda Date	Village Council Action
Director of P & Z		9/12/2019	9/19/19

## EXHIBIT A

1. The event may only occur Saturday January 18, 2020 from 5:30 p.m. until 8:30 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, shall not interfere with sight lines along public roadways, and shall conform to the requirements of Sec. 20-71 (Temporary Special Event Signs) of the Village Code of Ordinances.
6. The applicant shall provide for portable restroom facilities including at least one handicapped accessible facility if public facilities are not within 500' of accessibility.
7. The event sponsor shall make provisions for emergency medical treatment.

**A FULLY COMPLETED APPLICATION MUST BE SUBMITTED TO THE VILLAGE CLERK 30 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

AUG 21 2019

VILLAGE OF ROYAL PALM BEACH  
SPECIAL EVENTS PERMIT APPLICATION

Time \_\_\_\_\_

DATE: 6-11-19

I/We Lisa Noel  
(Name of applicant)

of 621 Clearwater Park Road WPB FL 33401  
(Mailing address)

Name and phone number of contact person Lisa Noel 561-614-2835

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:

Glow in the Dark Fun Run 5K  
at Royal Palm Beach Commons Park

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:

~~January 11, 2020, January 18, 2020, or~~  
January 25, 2020 event time 5:30 - 8:30

3. Approximate number of participants expected:

4. Insurance company and policy number: 200 + 1 -

(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? It should not effect anything and will be contained. I would suggest having volunteer parking attendents.

Proposed impact mitigation plan: n/A

7. Are animals involved in this event? Yes \_\_\_\_\_ No X

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

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?

The event will be contained in one area during a slow time of the day.

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?

The event will be peaceful and contained to a specific 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?

Nothing of that nature will be involved.

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

Commons park has a paved walk way that will be used for the 5K.

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 Event Permit in order to reduce adverse impacts and to protect the health, safety and welfare of all.

Lisa Noel  
Signature of Applicant

Lisa Noel Community Manager  
Print name and office held, if applicable

THE STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of June, 2019, 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.

Cindy L Drake  
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 21 day of June, 2019.

WITNESSES:

Cindy L Drake  
Signature

Cindy L Drake  
Printed Name

[Signature]  
Signature

Mike Nicklaschick  
Printed Name

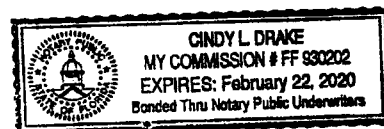
Lisa Noel  
Applicant

Lisa Noel  
Printed Name

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of June, 2019 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.

Cindy L Drake  
Notary Public  
State of Florida  
(Seal)



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

DATE: 6-11-19

I/We

Lisa Noel

(Name of Applicant)

of 621 Clearwater Park Way, WPB FL 33401

(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 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.





**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
8/21/2019

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> Commercial Lines - (404) 923-3700 USI Insurance Services LLC 3475 Piedmont Road NE, Suite 800 Atlanta, GA 30305-2886	<b>CONTACT NAME:</b> Jennifer Lefler <b>PHONE (A/C, No. Ext):</b> 470-875-0441 <b>E-MAIL ADDRESS:</b> jennifer.lefler@usi.com	<b>FAX (A/C, No):</b> 610-537-1929
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Cancer Society, Inc. 250 Williams Street, NW 4th Floor Atlanta, GA 30303	<b>INSURER A:</b> ACE American Insurance Company	<b>NAIC #</b> 22667
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 14492358 **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 INSD	SUBR WYD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Event	X		HDOG71210170	09/01/2018	09/01/2019	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
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	X		ISAH2527295A	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WLRC65437181 (AOS) SCFC65437223 (WI)	09/01/2018 09/01/2018	09/01/2019 09/01/2019	<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

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

Re: COIR00009931 - Glow in the Dark 5K Fun Run ,  
The Village of Royal Palm Beach - January 25, 2020

The Village of Royal Palm Beach are included as an additional insured in accordance with the terms and conditions of the General Liability policy and Automobile Liability policy and only if required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

The Village of Royal Palm Beach  
1050 Royal Palm Beach 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

*Donna Maddy*

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)



