

Agenda Item # C - 12

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

**Agenda Item:**

**APPROVAL OF A SPECIAL EVENT PERMIT FOR PALM BEACH COUNTY SHERIFF'S OFFICE TO HOLD A PBSO FAMILY FIRST KICKBALL FUNDRAISER LOCATED AT BOB MARCELLO PARK COMPLEX, ON SATURDAY, AUGUST 14, 2021 FROM 7:00 A.M. UNTIL 6:00 P.M., BY DIANE SMITH.**

**Issue:**

The applicant is requesting a special event permit in order to hold a "PBSO Family First Kickball Fundraiser" at Bob Marcello Park Complex. The event will take place on Saturday, August 14, 2021 from 7:00 a.m. until 6:00 p.m. Staff has reviewed this application and determined that the proposed event 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 Date | Village Council |
| Director of PZ | Approval        | 5/20/21     | Action          |

## EXHIBIT A

1. All special event activities approved as part of this permit shall be governed by current public health directives and shall comply with all Centers for Disease Control (CDC) guidelines and all Executive Orders issued by the Governor relative to COVID-19.
2. The event may only occur on Saturday, August 14, 2021 from 7:00 a.m. until 6:00 p.m.
3. Any tents used shall be flame resistant.
4. 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.
5. All electrical circuits shall be GFI protected.
6. 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.

**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  
MAR 25 2021

VILLAGE OF ROYAL PALM BEACH  
SPECIAL EVENTS PERMIT APPLICATION

DATE: 3-15-21

Time \_\_\_\_\_

I/We PBSO Family First  
(Name of applicant)

of 11498 Okeechobee Blvd, Royal Palm Bch, FL 33411  
(Mailing address)

Name and phone number of contact person S/M Diane Smith

Email address: smithdiane@pbso.org

On behalf of PBSO Family First + Sheriff's Foundation  
(Name of person, corporation, organization, etc.)

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

Hold a kickball event for employees.  
The event will include alcohol (beer only), but will be  
restricted and monitored by PBSO employees. (No sale)

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

1. Proposed location: Willows Park Bob Marcello Baseball Complex  
*AR*

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

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

August 14, 2021 7AM-10PM

3. Approximate number of participants expected: 200

4. Insurance company and policy number: Self Insured

(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: All without fields  
Bob Marcello Baseball Complex - all fields

(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 - law enforcement on site to assist if needed.

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?

Parks bathrooms

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?

Law enforcement presence

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?

Law enforcement

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?

Not part of event.

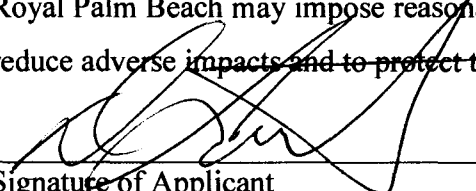
D. How is the proposed special event compatible with the character of the location for which it is proposed?

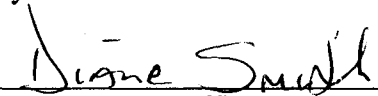
Park was designed for event.

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).

N/A - Possibly Message Board.

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.

  
\_\_\_\_\_  
Signature of Applicant

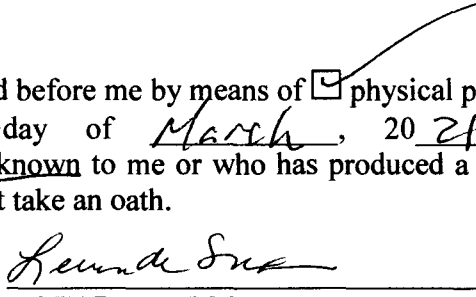
  
\_\_\_\_\_  
Print name and office held, if applicable

THE STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this 18<sup>th</sup> day of March, 2021, by Diane Smith, 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.



LEVINDA SAXON  
Commission # HH 043110  
Expires September 16, 2024  
Bonded Thru Budget Notary Services

  
\_\_\_\_\_  
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 18th day of March, 2021.

WITNESSES:

[Signature]  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

[Signature]  
Applicant

Diane Smith  
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 18th day of MARCH, 2021 by Diane Smith 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.

[Signature]

Notary Public  
State of Florida  
(Seal)



LEVINDA SAXON  
Commission # HH 043110  
Expires September 18, 2024  
Bonded Thru Budget Notary Services

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

DATE: 3/12/21

I/We Diane Smith on behalf of Family First PISO,

(Name of Applicant)

of Family First & Sheriff's Foundation

(Mailing Address of Applicant)

on behalf of Sheriff's Foundation

(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:

Willows ball park

1. The PISO Family First (Sheriff's Foundation)

(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. \_\_\_\_\_

(Name of persons involved in project)

are bonafide members of the \_\_\_\_\_ organization and will not receive any compensation, whatsoever, for the operation of the project.

3. The \_\_\_\_\_

(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.

*[Handwritten Signature]*

Signature of Applicant

*Event Organizer*

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 18<sup>th</sup> day of March, 2021 by Dore Smith, 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.

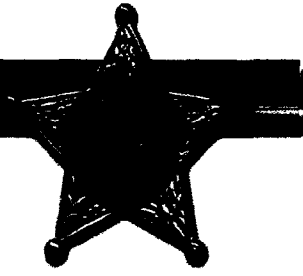
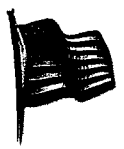


LEVINDA SAXON  
Commission # HH 043110  
Expires September 16, 2024  
Bonded thru Budget Notary Services

*[Handwritten Signature]*

Notary Public  
State of Florida  
(Seal)

**PALM BEACH COUNTY**  
**SHERIFF'S OFFICE**  
RIC L. BRADSHAW, SHERIFF



16 March 2021

The Village of Royal Palm Beach  
Royal Palm Beach, FL

The Palm Beach County Sheriff's Office is currently self-insured for Automobile, Workers' Compensation, General and Professional Liability pursuant to Chapter 768, Florida State Statute. Please direct any concerns regarding general and professional liability to the Palm Beach County Sheriff's Legal Office.

Auto and Workers' Compensation matters should be forwarded to our third party administrator:

***Workers' Compensation***

USIS/Amerisys  
P. O. Box 616648  
Orlando, Florida 32861-6648  
1-800-444-9098

***Departmental Vehicles***

Johns Eastern Company, Inc.  
Nick Mullins, A.I.C. Mgr.  
P. O. Box 110239  
Lakewood Ranch, FL 34211  
(800) 749-3044

All departmentally issued vehicles are covered under PBSO's auto third party administrator. All employees and volunteers are covered under our workers' compensation third party administrator, *provided* that the injury occurred under the employee/volunteer's scope of duties as defined by PBSO.

  
Catherine Adriance  
DM Risk Management

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

|   |   |
|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>The Palm Beach County Sheriff's Foundation</b>  |   |
| 2 Business name/disregarded entity name, if different from above  |   |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><br><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501(c)(3)</b> | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) <u>1</u><br><br>Exemption from FATCA reporting code (if any) <u>A</u><br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>3228 Gun Club Road</b>  | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>West Palm Beach, FL 33406</b>   |   |
| 7 List account number(s) here (optional)  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |   |   |   |   |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |   |   |   |   |   |   |   |   |
|                                       |   |   |   | - |   |   | - |   |   |
| <b>or</b>                             |   |   |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |   |   |   |   |   |   |   |   |
| 2                                     | 7 | - | 2 | 6 | 1 | 5 | 0 | 2 | 3 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <u>1/29/2020</u> |
|------------------|----------------------------|-------------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

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

DEPARTMENT OF THE TREASURY

**FEB 18 2011**

Date:

THE PALM BEACH COUNTY SHERIFFS  
FOUNDATION INC  
C/O WILLIAM A GRALNICK  
2300 N JOG RD  
WEST PALM BEACH, FL 33411

Employer Identification Number:  
27-2615023  
DLN:  
200293104  
Contact Person:  
HENRY F SHAMBURGER ID# 31472  
Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 6, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

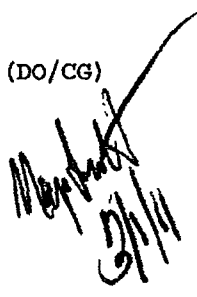
Dear Applicant:

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.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)



Handwritten signature and date: 2/18/11

Schobee Blvd

Blvd

Kids Area

1

2

Tables

Food

3

1st

Bob Marcelllo  
Baseball Complex

4

6

6 or 7 Fields

Field 7

10999  
100 Wildcat Way, Royal  
Palm Beach, FL 33411

