

Agenda Item #__C - 1__

Village of Royal Palm Beach
Village Council
Agenda Item Summary

Agenda Item:

APPROVAL OF A SPECIAL EVENT PERMIT APPLICATION FOR CATSKILL HAUNTS OF FL, LLC TO HOLD A “HAUNTED HOUSE ” ON THURSDAY, FRIDAY, AND SATURDAY NIGHTS THROUGH THE MONTH OF OCTOBER 2021 AT ROYAL PALM BEACH COMMONS: BY SYLVIO PIERRE LOUS.

Issue:

The Catskill Haunts of FL, LLC, is requesting approval to hold “Haunted House” at Royal Palm Beach Commons. The event will run from 6:00 p.m. until 11:00 p.m. on Thursday, Friday, and Saturday nights through the month of October 2021. A Site Plan of the event activities and locations can be found attached hereto.

Recommended Action:

Approval of Special Event Permit, subject to the attached conditions (Exhibit A).

Initiator:	Village Manager	Agenda Date	Village Council
Director of P & Z	Approval	9/02/2021	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 will run from 6:00 p.m. until 11:00 p.m. on Thursday, Friday, and Saturday nights through the month of October 2021.
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.
7. A clearly defined paved parking area must be provided.
8. The applicant shall provide for portable restroom facilities including at least one handicapped accessible facility if public facilities are not within 500' of accessibility.
9. Adequate trash receptacles shall be provided for tree trimming and other debris, which may accumulate on site.

Initiator:	Village Manager	Agenda Date	Village Council
Director of P & Z	Approval	9/02/2021	Action

AUG 04 2021

Time _____

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.

VILLAGE OF ROYAL PALM BEACH
SPECIAL EVENTS PERMIT APPLICATION

DATE: July 28 2021

I/We CatSkill Haunts of FI LLC
(Name of applicant)

of 12758 61 Pl N loxahatchee FI 33470
(Mailing address)

Name and phone number of contact person Armond 401-3643

Email address: CatSkillHaunts@yahoo.com

On behalf of CatSkill Haunts
(Name of person, corporation, organization, etc.)

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

Setup And Run Haunted House
Host CatSkill Haunts and the Village of Royal Palm
Beach Haunted House at Commons Park

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

1. Proposed location: Front Lawn Area on left

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

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

month of Oct 21 Thur/Fri/Sat Nights 6-11 PM

3. Approximate number of participants expected: 5000

4. Insurance company and policy number: _____

(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? Where we are it will not impact Traffic
Fire/Rescue will have access to event

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?

Porta Potty Setup

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?

We have a Parking Plan

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?

event will close at 11:00 and stop selling tickets

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 setup far away from homes -

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

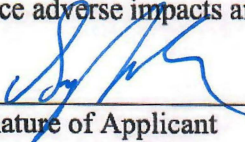
Fits In Area with extra Room Around For
Safety.

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).

2 Banner signs on Fence on left side of entrance

1 Sign Holder on corner by entrance

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.



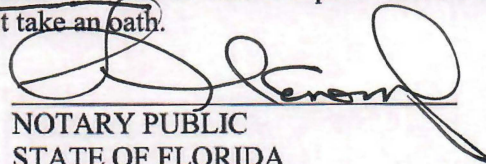
Signature of Applicant

Sylvio Pierre Louis

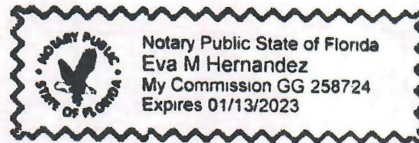
Print name and office held, if applicable

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 3 day of August, 2021, by Sylvio Pierre Louis 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.



NOTARY PUBLIC
STATE OF FLORIDA
(Seal)



Haunted House October 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Opening night 6pm to 11pm	2 Open 6pm to 11pm
3	4	5	6 Open 6pm to 11pm	7 Open 6pm to 11pm	8 Open 6pm to 11pm	9 Open 6pm to 11pm
10	11	12	13 Open 6pm to 11pm	14 Open 6pm to 11pm	15 Open 6pm to 11pm	16 Open 6pm to 11pm
17	18	19	20 Open 6pm to 11pm	21 Open 6pm to 11pm	22 Open 6pm to 11pm	23 Open 6pm to 11pm
24	25	26	27 Open 6pm to 11pm	28 Open 6pm to 11pm	29 Open 6pm to 11pm	30 Open 6pm to 11pm
31 Trunk or treat 6pm to 8pm						

BOO





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2021

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 Gaslamp Insurance Services 2244 Faraday Avenue, #125 Carlsbad CA 92008	CONTACT NAME: Customer Service Department PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Contractors Ins Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 12497
INSURED Catskill Haunts of Florida LLC 17852 61st Place North Loxahatchee FL 33470		

COVERAGES**CERTIFICATE NUMBER:** GL 20-21 Master**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 <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCCM367585	08/21/2020	08/21/2021	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 1,000,000	
							\$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)

Verification of Coverage

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER**CANCELLATION**Commons Park
11600 Poinciana 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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