

Agenda Item # __C - 7__

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

Agenda Item:

APPROVAL OF A SPECIAL EVENT PERMIT FOR ADVANCED CRITICAL CARE, EMERGENCY AND SPECIALTY SERVICES – PALM BEACH COUNTY TO HOLD A “ONE YEAR ANIVERSARY CELEBRATION & OPEN HOUSE” EVENT AT 10465 SOUTHERN BOULEVARD. THE EVENT WILL TAKE PLACE ON SATURDAY, APRIL 30, 2022, FROM 10:00 A.M. UNTIL 4:00 P.M. BY KAMI KREAPS.

Issue:

The request is for a special event permit in order to hold a “One Year Anniversary Celebration & Open House” for Advanced Critical Care, Emergency and Specialty Services – Palm Beach County at 10465 Southern Boulevard. The event will take place on Saturday, April 30, 2022, from 10:00 a.m. until 4:00 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 Permits, subject to the attached conditions (Exhibit A).

Initiator:	Village Manager	Agenda Date	Village Council
Director of P&Z	Approval	4/21/22	Action

EXHIBIT A

1. The event may only occur on April 30, 2022, from 10:00 a.m. until 4:00 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 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. Banner signs cannot exceed 32 square feet.
7. Adequate trash receptacles shall be provided for any debris, which may accumulate on site.

MAR 14 2022

MAR 14 2022

Time _____

Time 10:52 Am

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: Saturday April 30th 2022

I/We Kami Kreaps
(Name of applicant)

of Advanced Critical Care, Emergency and Specialty Services - Palm Beach County LLC
(Mailing address)

Name and phone number of contact person Kami Kreaps 561-951-7561

Email address: kkreaps@accessvet.com

On behalf of Advanced Critical Care, Emergency and Specialty Services - Palm Beach County LLC dba ACCESS - Palm Beach County
(Name of person, corporation, organization, etc.)

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

Host a Special Event for our One Year Anniversary Celebration & Open House in the parking lot and inside the hospital

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

1. Proposed location: 10465 Southern Blvd., Royal Palm Beach FL 33411

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

2. Proposed date, time of commencement and duration of event:
Saturday, April 30th from 10:00 am - 4:00 pm

3. Approximate number of participants expected:

4. Insurance company and policy number: approx. 200 people

Policy # 83SBUAK9S2A - Hartford for General Liability Tower Hill for Property

(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? The event from 11-4 pm will be held on the West side of the building in that parking lot.

Fire Rescue Operations (if needed) can still enter on the North, East and South Sides of building

This part of the parking lot will be blocked to through traffic on the North and South side entrances with access for vehicles to easily move in parking lot.

Proposed impact mitigation

plan: If the event RSVP exceeds 400 people will contact PRO & PBSO

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?

Inside the hospital attendees can use restroom in lobby area. Two portable toilets will be placed in West side of parking lot.

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 parking lot will be blocked off with cones/ barricades where pedestrians are enjoying activities on the West side of the building

There will be an attendant present at all times for the bounce house on site to ensure attendants are playing safe.

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?

Music and Announcements will be kept at a low level. The businesses nearby are on the other sides of the building, away from the event.

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?

This event is located outside and any type of music or announcements will be kept at a reasonable decibel

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

The event is to celebrate our One Year Anniversary with food, family friendly fun and hospital tours.

It is appropriate to have this event right outside of the hospital for these reasons.

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 A Frame Signs at the North and South Barricades announcing event and arrows for parking 1 A Frame for toilets 1 A Frame for Hospital Tours

1 Banner facing West on the building made of Vinyl 8x4 ft and 1 Banner on the North side on the building made of Vinyl 16x4 ft Balloon Decorations on tents and in front of hospital

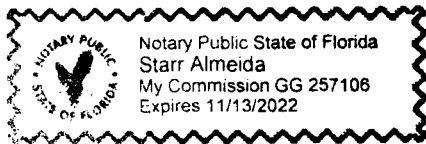
I affirm that all facts set forth herein are true and correct and understand that the Village of Royal Palm Beach may impose reasonable conditions upon the Special Events Permit in order to reduce adverse impacts and to protect the health, safety and welfare of all.

[Signature]
Signature of Applicant

Kami Kreaps
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 11th day of March, 2022, by Kami Kreaps, 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)

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

DATE: Saturday April 30th 2022

APPLICATION FOR: Special Events Permit X OR Seasonal Vendor Permit _____

PROPOSED LOCATION FOR SPECIAL EVENT OR TEMPORARY SALE:

ACCESS - PBC

10465 Southern Blvd.

Royal Palm Beach FL, 33411

I/We, JBL Village Shops, LLC, own the property referenced above and hereby grant my/our consent for _____ to utilize the property for _____ acknowledging that I/we will be responsible for the activities conducted thereon.

[Signature]
Affiant

JBL Village Shops, LLC

Affiant

STATE OF FLORIDA

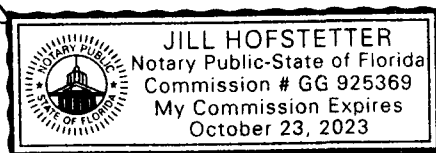
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of X physical presence or ☐ online notarization this 11th day of March, 2022 by Jacoby Ambroseli, 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)



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 11th day of March, 2022

WITNESSES:



Signature

Germain Henao

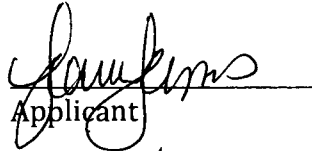
Printed Name



Signature

Luke Wildridge

Printed Name



Applicant

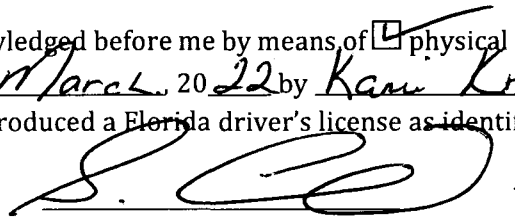
Kami Kneaps

Printed Name

STATE OF FLORIDA

COUNTY OF PALM BEACH

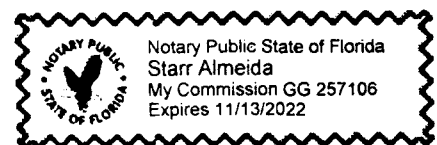
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 11th day of March, 2022 by Kami Kneaps, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath.



Notary Public

State of Florida

(Seal)



HOLD HARMLESS AGREEMENT FOR OWNER OF PROPERTY

(IF DIFFERENT FROM APPLICANT)

DO NOT COMPLETE FOR EVENTS ON VILLAGE PROPERTY

The undersigned is the owner of the real property to be utilized for the proposed Special Event or Temporary Sale. The undersigned has granted the Applicant permission to apply for a Special Events/Seasonal Vendor permit (circle one) from the Village of Royal Palm Beach, Florida ("Village"), to use the undersigned's property for this purpose, and acknowledges responsibility (owner's affidavit is attached hereto).

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 or Seasonal Vending conducted.

Executed this 11th day of March, 2022.

WITNESSES:

[Signature]
Signature

Jill Hofstetter
Printed Name

[Signature]
Signature

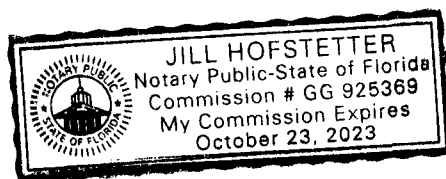
Alexandra Selesnick
Printed Name

STATE OF FLORIDA

COUNTY OF PALM BEACH

[Signature]
Owner of Property
Jacob Knoboveli
Printed Name

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 11th day of March, 2022 by Jacob Knoboveli, 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)



ADVACRI-01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2022

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 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 License # 100290819
Chicago, IL-Hub International Midwest West
55 East Jackson Boulevard
Floor 14A
Chicago, IL 60604

CONTACT

NAME:

PHONE
(A/C, No, Ext): (800) 228-7548FAX
(A/C, No): (866) 229-3296

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Sentinel Insurance Company, Ltd.

11000

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Advanced Critical Care, Emergency and Specialty Services -
Palm Beach County LLC dba Access - Palm
Beach County
10465 Southern Blvd
Royal Palm Beach, FL 33411

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						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		83SBUAK9S2A	03/29/2022	03/29/2023	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 is listed as Additional Insured as their interests may appear with respects to General Liability.

Physical Location: 10465 Southern Blvd. Royal Palm Beach, FL 33411

Subject to Policy Terms, Conditions and Exclusions.

CERTIFICATE HOLDER

CANCELLATION

Village of Royal Palm Beach
1050 Royal Palm Beach FL 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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/11/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Chicago, IL-Hub International Midwest West 55 East Jackson Boulevard Floor 14A Chicago, IL 60604		PHONE (A/C, No, Ext): (800) 228-7548		COMPANY Sentinel Insurance Company, Ltd.	
FAX (A/C, No): (866) 229-3296		E-MAIL ADDRESS:			
CODE: 83550728		SUB CODE:			
AGENCY CUSTOMER ID #: ADVACRI-01		License # 100290819			
INSURED Advanced Critical Care, Emergency and Specialty Services - Palm Beach County LLC dba Access - Palm Beach County 10465 Southern Blvd Royal Palm Beach, FL 33411		LOAN NUMBER		POLICY NUMBER UCF000872401	
		EFFECTIVE DATE 03/29/2021		EXPIRATION DATE 03/29/2022	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 10465 Southern Blvd. Royal Palm Beach, FL 33411
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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 1, Bldg # 1 Business Personal Personal Property - Special Form (Including Theft) Replacement Cost	\$1,266,264	2,500
Tenant Improvements / Betterments- Special Form (Including Theft) Replacement Cost	\$2,000,000	2,500
High Value Medical Equipment - Special Form (Including Theft) Replacement Cost	\$733,736	2,500

REMARKS (Including Special Conditions)

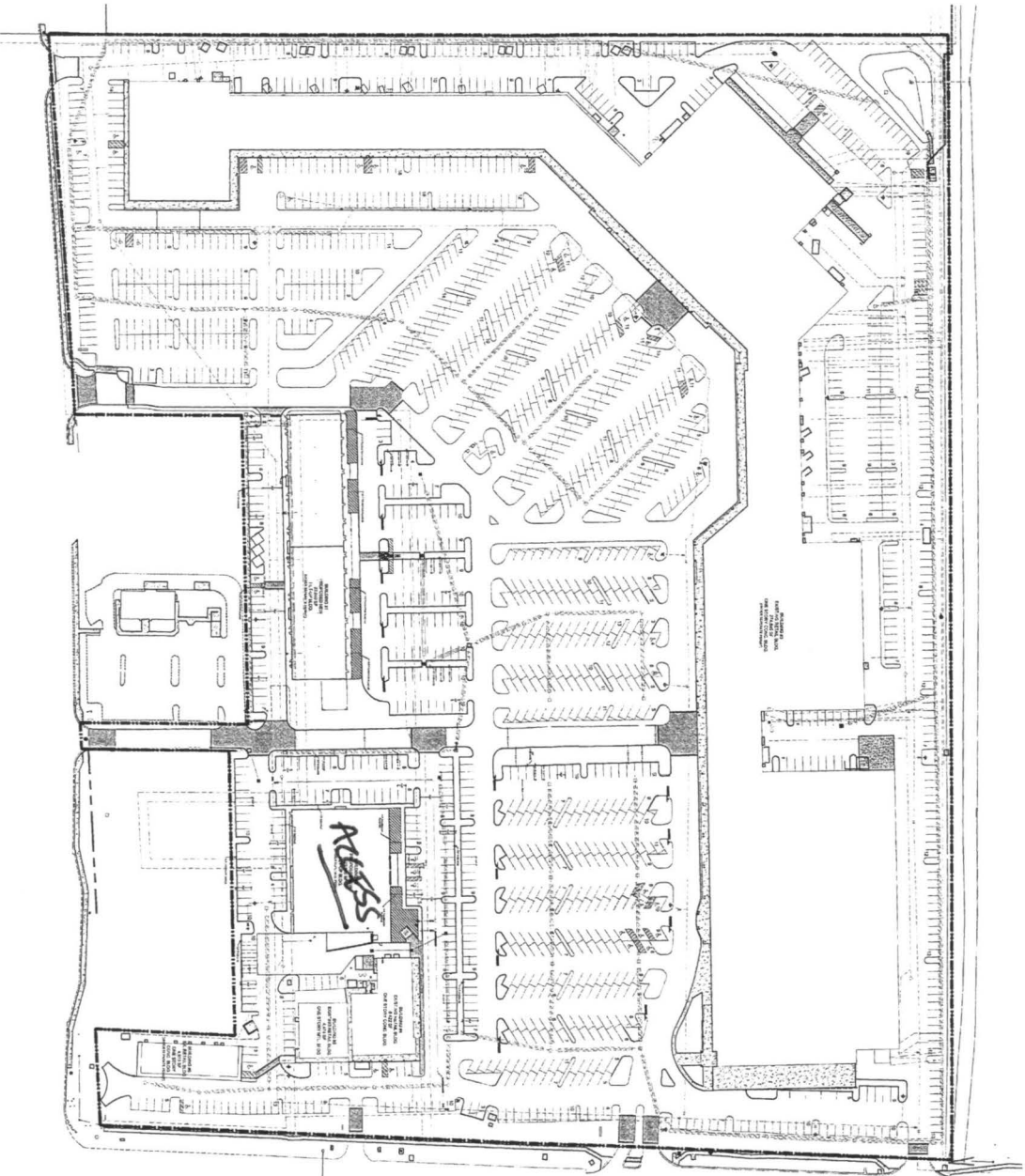
Special Conditions: For Proof of Coverage Purposes Only. Physical Location: 10465 Southern Blvd. Royal Palm Beach, FL 33411 Subject to Policy Terms, Conditions and Exclusions.
--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

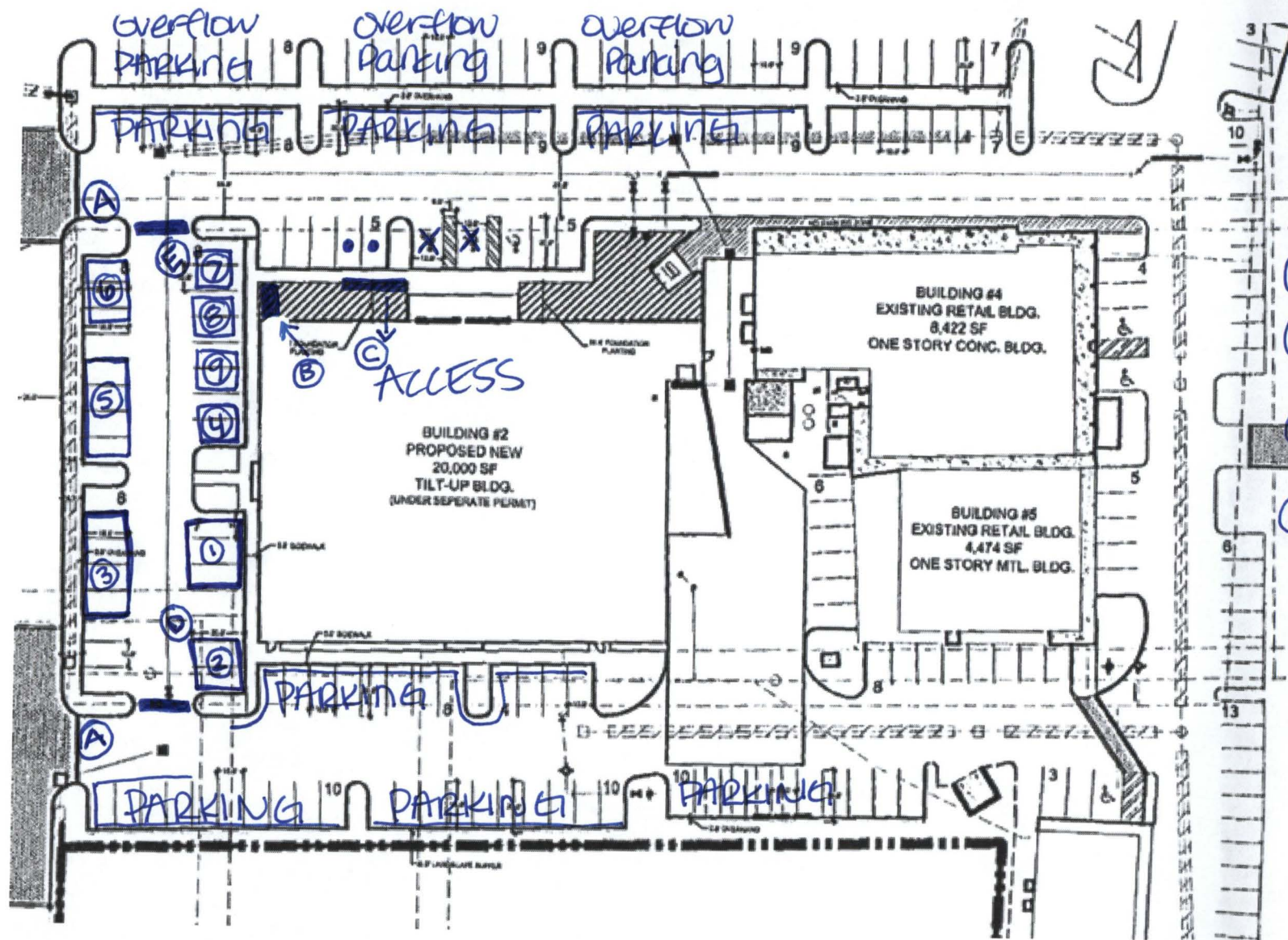
NAME AND ADDRESS For Proof of Coverage Purposes Only	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> Loss Payee
	LOAN #	
	AUTHORIZED REPRESENTATIVE Neil R. Hughes	



EXISTING SITE DATA	
LAND USE DESIGNATION	COMMERCIAL
ZONING DISTRICT	C2
TOTAL AREA	36.80 AC (1,590,048 S.F.)
TYPE OF DEVELOPMENT	RETAIL, RESTAURANT, BANK
EXISTING BUILDING AREA	178,000 S.F.
APPROXIMATE BUILDING AREA	300,000 S.F. (100,000 S.F. OFFICE, 200,000 S.F. RETAIL)
EXISTING BUILDING AREA	200,000 S.F.
PARK	22
LOT COVERAGE	75% BUILDING S.F. OFFICE
BUILDING HEIGHT	ONE STORY
PARKING AREA	27%
IMPERVIOUS AREA	75%

PROPOSED SITE DATA	
LAND USE DESIGNATION	COMMERCIAL
ZONING DISTRICT	C2
TOTAL AREA	36.80 AC (1,590,048 S.F.)
TYPE OF DEVELOPMENT	RETAIL, RESTAURANT, BANK
EXISTING BUILDING AREA	178,000 S.F.
APPROXIMATE BUILDING AREA	300,000 S.F. (100,000 S.F. OFFICE, 200,000 S.F. RETAIL)
EXISTING BUILDING AREA	200,000 S.F.
PARK	22
LOT COVERAGE	75% BUILDING S.F. OFFICE
BUILDING HEIGHT	ONE STORY
PARKING AREA	27%
IMPERVIOUS AREA	75%

- ① Bounce House
15x15 w/ Generator
- ② 2 portable toilets
- ③ Woody Burgers
40x15 needed
- ④ Face Painting & Balloon
Sculpting Tent (10x10)
- ⑤ Food tables w/ Tent
- ⑥ Radio station tent (10x10)
and car (20x10)
- ⑦ Hospital Tour Sign up tent
- ⑧ Sponsor/ vendor tent
- ⑨ Sponsor/ vendor tent



- X - no handicap parking
- - handicap parking
- - Barricade
- A - A-Frame Signage
- B - Banner 8x4
on building
- C - Banner 16x4
on building
- D - A Frame for
portable toilets
- E - A Frame
Hospital Tour Signs