



Town of Juno Beach  
 340 Ocean Drive; Juno Beach, FL 33408  
 Phone: (561) 626-1122; Fax: (561) 775-0812

TOWN OF JUNO BEACH RECEIVED  
 2024 JAN 25 P 12: 18

## Application for Off-Site Special Event

**Note:** The issuance of any Special Event permit from the Town of Juno Beach does not exempt the applicant from obtaining the appropriate Business Tax License (occupational license) and temporary liquor license from the State of Florida, Division of Alcoholic Beverages and Tobacco under Florida Statute, or, any other county or state required permits.

### Fee Schedule:

<u>Event Type</u>	<u>Deadlines Application/Obligations</u>	<u>Application Fee</u>	<u>Permit Fee*</u>	<u>Security Deposit</u>	<u>Deadline Late Fee</u>
Low-Impact (Up to 999 attendees)**	60/14 days prior to event	\$100	\$100/day	\$500	\$200
Medium-Impact (1000-4999 attendees)	120/45 days prior to event	\$200	\$500/day	\$1,000	\$400
High-Impact (5000+ attendees)	120/45 days prior to event	\$300	\$1,000/day	\$5,000	\$600

\*Permit Fee will be determined by the Town Council for off-site events lasting 4 or more consecutive days.

\*\*Low-Impact events consisting of 25 attendees or less will be approved administratively.

### Notes: Please initial each item below to confirm your understanding:

- P.V. Application Fee is due at time of Application submittal and is not refundable.
- P.V. Deadline Late Fee is an additional charge and is not refundable.
- P.V. Applications are not approved, nor Permit granted, until applicant has received a "Letter of Approval" from the Planning and Zoning Director outlining obligations and fees.
- P.V. Permit Fees and Security Deposit are due 14/45 days prior to the event. These fees may be refunded if the event is canceled or postponed at least 7/14 days prior to the event date.
- P.V. After the event, Security Deposit, or a portion of, may be returned after an inspection is completed by Town Staff. The Town shall determine what portion of the Security Deposit may be returned.
- P.V. Failure to comply with restrictions imposed automatically forfeits the Security Deposit.
- P.V. Town Staff will determine if application will require additional conditions to be added or existing conditions modified, dependent upon each individual event.
- P.V. Failure to provide the required obligations, fees and deposits 14 or 45 days prior to the event date, as indicated above, will subject the applicant to the Late Fee and/or cancelation of event.
- P.V. Additional charges may apply for Police and/or Public Works services, Town Staff will determine what services are required. Please read Sections III and IV. Deadline for these fees are 14 or 45 days prior to the event date, as indicated above, subject to Late Fee and/or cancellation of event.



**Section I**      **Instructions for Applicant**

1. Applicant shall complete Section II of this application. (Town Staff will review the Applicants submittal and complete other sections as required.)
2. Attach the following with this application:
  - a) Attach Application Fee, and Late Fee if applicable. (All fees are Payable to the Town of Juno Beach.)
  - b) Plot/Site Plan (drawing/sketch), showing the site upon which you are proposing your special event, identifying parking areas, adjacent roadways, existing structures, proposed (temporary) structures/items, road closures, barricades/fences, etc.;
  - c) Attach letter(s) of approval from all outside agencies: (i.e. Palm Beach County (PBC) Parks and Recreation, PBC-Traffic Division, PBC-Fire Rescue, Florida Department of Transportation, Department of Environmental Protection, Environmental Resources Management, Coast Guard, etc.)
  - d) Copy of current insurance certification(s) with the **Town of Juno Beach** listed as **"Additionally Insured"** with a **minimum amount of \$1,000,000.00 liability coverage**; (or state your ability to provide it with all other obligations).
  - e) Notarized Letter of approval from property owner(s).
  - f) Copy of Driver License.
3. Sign and date this application at the end of Section II.

**Section II**      **Required Information**

▪ **Regarding the Applicant:**

Name of Applicant/Sponsor: Paul Vargas Phone: 561-543-7873

Relationship to Organization Represented: owner

Address of Applicant/Sponsor: 149 Beach Summit Ct.  
Jupiter FL 33477

Name, Address, Phone of Organization Represented: Aloha Surf Camp  
149 Beach Summit Ct. Jupiter FL 33477

Principal contact person on Event Day/Phone: Paul Vargas 561-543-7873

Alternate contact person on Event Day/Phone: Yvonne Vargas  
561-371-0418

■ **Regarding the Subject Location (where the proposed special event is being requested):**

Address/Location: Loggerhead Park, Juno Beach

Name of Subdivision: Loggerhead Park 14200 U.S. Hwy  
Juno Beach, FL 33408

■ **Regarding the Special Event Specifics:**

Please describe the special event being requested: Surf Camp  
Teach surfing techniques, Ocean Safety,  
rip tide awareness, body boarding and  
swimming

Indicate roadway(s) to be closed: ∅

Indicate if amusement rides (type/quantity) are part of the event: ∅

Indicate if alcohol will be served at the event and who will serve: ∅

Indicate types of equipment, tents, trailers or other temporary structures that will be part of the event: surfboards, body boards, sun shade

Number of employees/volunteers working the event: 4-6

Number of anticipated attendees for the event: 35

Length of time proposed for the event to take place, including set-up and tear down, (dates/times): Summer June 1 - August 15

■ **Regarding other Town Services:**

If Police and/or Public Works services are being requested, please indicate your anticipated duties: (Regardless of your anticipated need, Town staff may determine that Police and/or Public Works services are required for your event, refer to letter of approval):

N/A



▪ **Please initial to confirm attachments:**

- P.V. Application Fee, and Late Fee, if applicable. (Payable to Town of Juno Beach)
- P.V. Plot/Site Plan
- P.V. Outside agency letter(s) of approval
- P.V. Insurance Certificate
- N/A Notarized Letter from property owner
- P.V. Copy of Driver License

Indicate items not submitted and reasons for non-submittal: Waiting on County -

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**Hold Harmless Agreement:**

In accordance with the Town of Juno Beach Code of Ordinances, in permitting any special event, the applicant shall meet all requirements set forth in Chapter 34 and is subject to Town Council approval. In addition, Town Staff shall prescribe appropriate conditions and safeguards and obligations and fees as required.

By submittal of this application, the sponsor agrees to indemnify and hold harmless the Town of Juno Beach, its officers, employees and agents from and against all loss, costs, expenses, including attorney's fees, claims, suits and judgments, whatsoever in connection with injury to or death of any person or persons or loss of or damage to property resulting from any and all operations performed by sponsor, its officers, employees, and agents under any of the terms of this Special Event Application.

*If any unforeseen circumstance(s) occur and/or the sponsor fails to meet the requirements the Town has set forth, the Town Manager or Police Chief shall have the right to cancel or stop the event either before commencement of the event and/or during the event.*

Applications are not approved, nor Permit granted, until applicant has received a "Letter of Approval" from the Planning and Zoning Director outlining obligations and fees.

  
Applicant/Sponsor Signature

1/24/24  
Date

Paul Vargas  
Print Name

TOWN OF JUNO BEACH  
RECEIVED

**Office Use Only:**

Isabella Hickey  
Received By

2024 JAN 25 P 12:19  
Date (Please Date Stamp)

**Town Calendar has been reviewed and event "Tentatively" Scheduled with 2 day alert.**

\_\_\_\_\_  
Completed By

\_\_\_\_\_  
Date

**Event status shall be updated when approved. Completed by:** \_\_\_\_\_

**Section III Police Department-Special Event Requirements**



The following are additional obligations your organization may have to meet. As part of the Special Event review process the Police Department may impose fees for services as deemed appropriate for the type and impact of the proposed event. The Police Department may schedule a meeting to review the event specifics and Police Operational or Action Plan as determined by the Town. Items reviewed in the Plan include, but are limited to, the following:

- Operations Command Post needs, Incident Management;
- Traffic Control Plan, Road Closures, Parking Plan, Event Route management;
- Staffing needs, Day and Night patrol, Coordination with other agencies;
- Vendor setup and security;
- Attendee/Pedestrian access, security, monitoring and control;
- Equipment needs motorized and non-motorized, Communications;
- Providing of adequate volunteers, Volunteer meeting(s) with Police representative prior to, or on event day(s);
- The Principal of the event shall remain accessible to the Police Supervisor at all times during the event to provide necessary event management and control.

The Police Department will attempt to place officers during the requested dates and hours. Because of unforeseen circumstances, this application may not be filled when requested. Juno Beach Police Officers will not work in the capacity of a “bouncer” at a bar or other establishment where alcohol is served.

**Rates**

**Regular Staff - \$35.00                      Officer - \$55.00                      Supervisor (if required) - \$65.00**  
*(Rates are subject to a \$15.00 an hour premium on Town designated Holidays.)*

- ***THERE IS A THREE (3)-HOUR MINIMUM FOR ALL EXTRA-DUTY EMPLOYMENT.***
- ***IF MORE THAN THREE (3) OFFICERS ARE REQUIRED FOR THE EVENT, A SUPERVISOR IS REQUIRED.***
- ***ALL CANCELLATIONS OF POLICE SERVICES MUST BE MADE 48-HOURS IN ADVANCE OR A THREE (3)-HOUR, PER OFFICER CHARGE WILL BE FORFEITED. PLEASE CONTACT FDAVILA@JUNO-BEACH.FL.US AND PFERTIG@JUNOBEACHPD.COM.***

**Office Use Only:**

\_\_\_\_\_ Officers                      @ \$55.00/hour: total of \_\_\_\_\_ hours = \$ \_\_\_\_\_  
 \_\_\_\_\_ Supervisors                      @ \$65.00/hour: total of \_\_\_\_\_ hours = \$ \_\_\_\_\_  
 Additional Fee(s): \_\_\_\_\_ \$ \_\_\_\_\_

Payment Due Date: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Payment Received: Y / N  
*\* Payment shall be received no later than 14/45 days prior to event date, as indicated in Fee Schedule.*

Reviewed By: \_\_\_\_\_

Approved by Police Chief/Designee: \_\_\_\_\_



**Section IV Public Works Department-Special Event Requirements**

As part of the Special Event review process the Public Works Department may impose fees for services as deemed appropriate for the type and impact of the proposed event.

Public Works services include, but are not limited to, the following:

- Delivery, set-up and removal of traffic or parking control devices including portable message boards, barricades, signs, stakes, traffic cones and/or any other devices requested by the Town's Police Department.
- Random event site inspections to insure the Applicant removes trash/litter or debris from the event site as needed. Event usage area final inspection of public properties to insure adequate cleaning at event's end/closing and prior to release of security deposits, if applicable.
- Public Works staff time to clean, remove and dispose of any and all residual debris, trash or to repair damaged property incurred by the Applicant or Applicant's agents on the event site public property.

Rates

<i>Regular Staff</i>	<b>\$35.00</b>
<i>Supervisor (if required)</i>	<b>\$45.00</b>

- ***THERE IS A THREE (3)-HOUR MINIMUM FOR ALL EXTRA-DUTY EMPLOYMENT.***
- ***IF MORE THAN THREE (3) STAFF MEMBERS ARE REQUIRED FOR THE EVENT, A SUPERVISOR IS REQUIRED.***
- ***ALL CANCELLATIONS OF PUBLIC WORKS SERVICES MUST BE MADE 48-HOURS IN ADVANCED OR A THREE (3)-HOUR, PER STAFF MEMBER CHARGE WILL BE FORFEITED. PLEASE CONTACT FDAVILA@JUNO-BEACH.FL.US AND AMERIANO@JUNO-BEACH.FL.US.***

**Office Use Only:**

\_\_\_\_\_ Regular Staff @ \$35.00/hour: total of \_\_\_\_\_ hours = \$ \_\_\_\_\_  
 \_\_\_\_\_ Supervisors @ \$45.00/hour: total of \_\_\_\_\_ hours = \$ \_\_\_\_\_

Payment Due Date: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Payment Received: Y / N

***\* Payment shall be received no later than 14/45 days prior to event date, as indicated in Fee Schedule.***

Reviewed By: \_\_\_\_\_

Approved by Director of Public Works/Designee: \_\_\_\_\_

**Section V Application Review**

\_\_\_\_\_  
Director of Planning & Zoning

\_\_\_\_\_  
Date

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date

**Section VI Post Event Inspection and Security Deposit Status**

Post event Comments, Issues List and recommended Security Deposit withheld:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_\_\_ *Amount and Date Returned of the Security Deposit.*  
*Amount      Date*

\_\_\_\_\_  
Director of Planning & Zoning

\_\_\_\_\_  
Date

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date





NORTH AREA  
↑

ATLANTIC OCEAN  
SURFING AT UNGUARDED AREAS ONLY

Designated Parking Area

Assembly Area

A1A

U.S. 1

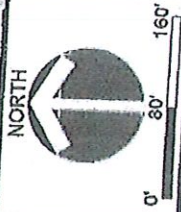
PALM BEACH COUNTY  
PARKS & RECREATION  
DEPARTMENT



# EXHIBIT B: LOGGERHEAD PARK SPECIAL USE PERMIT Aloha Surf School

This map is provided "as is" without warranty or any representation of accuracy, fitness or completeness. The County makes no warranties, expressed or implied, as to the use of this map. There are no implied warranties of merchantability or fitness for a particular purpose. The owner of this map acknowledges and accepts the limitations of the map, including the fact that the data coverages are dynamic and in a constant state of maintenance, correction and update.

IMAGE DATE: 5/20/2015 MAP DATE: 11/18/2015 N. OUELLETTE







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2024

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 The Camp Team, LLC 9035 Wadsworth Parkway, Suite 3820, Westminster, CO, 80021	CONTACT NAME:		
	PHONE (A/C No, Ext): 800 747-9573	FAX (A/C No): 303-422-1276	
	E-MAIL ADDRESS: info@campteam.com		
	PRODUCER CUSTOMER ID :		
INSURED Sports Marketing Program Management Inc. Aloha Surf Camp, Inc.  149 Beach Summit Ct. Jupiter, FL, 33477	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Accelerant Specialty Insurance Company		16890
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: A-SP-SU-24-01-09-294346 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS  GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	N	S0019GL000001-03	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO PREMISES RENTED (Any one premises) \$ 300,000.00 MED EXP (any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under SPECIAL PROVISIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER Abuse/Molestation	Y	N	S0019GL000001-03	06/01/2024	06/01/2025	Each Occurrence: \$ 25,000.00 Aggregate: \$ 50,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Liability Policy Deductible: \$ 0.00 per each bodily injury or property damage claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured. RE: Registered Surfing participants: 06/01/2024 - 06/01/2025 (continued on next page)

## CERTIFICATE HOLDER

Town of Juno Beach  
340 Ocean Dr.  
Juno Beach, FL, 33408

## 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.

AUTHORIZED REPRESENTATIVE

Mark Di Perno



AGENCY The Camp Team, LLC		NAMED INSURED Aloha Surf Camp, Inc.	
POLICY NUMBER S0019GL000001-03		149 Beach Summit Ct. Jupiter, FL, 33477	
CARRIER Accelerant Specialty Insurance Company	NAIC CODE 16890	EFFECTIVE DATE: 06/01/2024	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Registered Swimming participants: 06/01/2024 - 06/01/2025;