

Easter



TOWN OF JUNO BEACH RECEIVED
340 Ocean Drive; Juno Beach, FL 33408
Phone: (561) 626-1122; Fax: (561) 775-0812
2024 JUN 26 A 9:30

Town of Juno Beach

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:

- Application Fee is due at time of Application submittal and is not refundable.
- Deadline Late Fee is an additional charge and is not refundable.
- 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.
- 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.
- 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.
- Failure to comply with restrictions imposed automatically forfeits the Security Deposit.
- Town Staff will determine if application will require additional conditions to be added or existing conditions modified, dependent upon each individual event.
- 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 cancellation of event.
- 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: Christa Stamos
Jami Melnick Phone: 561-624-9663

Relationship to Organization Represented: Event Director

Address of Applicant/Sponsor: 13301 Ellison Wilson Rd
Juno Beach, FL 33408

Name, Address, Phone of Organization Represented: Holy Spirit Lutheran
Church

Principal contact person on Event Day/Phone: Christa - 772-783-5512

Alternate contact person on Event Day/Phone: Jami - 772-260-1993

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

Address/Location: Juno Beach Pier

Name of Subdivision: _____

▪ **Regarding the Special Event Specifics:**

Please describe the special event being requested: Easter Worship Services on Pier & beach. Sound crew with 8-10 people, gear to run equipment and a stage set up for band on the end of pier. Set up will start on Sat. 1 day prior to event.

Indicate roadway(s) to be closed: None

Indicate if amusement rides (type/quantity) are part of the event: None

Indicate if alcohol will be served at the event and who will serve: None

Indicate types of equipment, tents, trailers or other temporary structures that will be part of the event: Stage for band

Number of employees/volunteers working the event: 60

Number of anticipated attendees for the event: 3000

Length of time proposed for the event to take place, including set-up and tear down, (dates/times): April 19-20, set up Sat afternoon and over by 10:30 on the 20th. Services @ 6:45 & 8:45

▪ **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):

Police to direct traffic on A.I.A and US1.

▪ **Please initial to confirm attachments:**

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

Indicate items not submitted and reasons for non-submittal: _____

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.

Jani Melnick

Applicant/Sponsor Signature

4/22/24

Date

Jani Melnick

Print Name

<u>Office Use Only:</u>	
<i>Isabella Hickey</i> _____ Received By	<i>4/22/24</i> _____ 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: _____	

TOWN OF JUNO BEACH
RECEIVED

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

- ***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:

<i>* Amount and Date Returned of the Security Deposit.</i>		
<i>Amount</i>	<i>Date</i>	

Director of Planning & Zoning Date

Police Chief Date

Public Works Director Date

Finance Director Date

Town Manager Date



LOGGERHEAD

MARINELIFE CENTER

14200 U.S. Highway One
Juno Beach, Florida 33408
561.627.8280 • marinelife.org

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Karen Marcus
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Susan Burke

Camille Coley

Sally Gates

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Barit Livolsi

Ed Lunsford

Katharine Sinclair MacGregor

James F. Mullen IV, CPA

Pam Rauch

James A. Reiffel, M.D.

Crista Ryan

M.J. Saunders, Ph.D.

Lynne Wells

Jeanette Wyneken, Ph.D.

Natasha Ziff

May 14, 2024

Holy Spirit Lutheran Church
13301 Ellison Wilson Road
Juno Beach, Florida 33408
Attn: Jami Melnick

Dear Jami,

As requested, Loggerhead Marinelifelife Center approves of Holy Spirit Lutheran Church holding Easter services on the Juno Beach Pier on Sunday, April 20, 2025. We acknowledge that are two services, one at 6:45 AM and another at 8:45 AM.

HSLC staff and volunteers may come out starting at 2:00 PM the day before the event to set up. Please let me know if you have any other questions.

Sincerely,

Kate Fratalia

Kate Fratalia
Vice President Retail

Executive Staff

Andy Dehart
President & CEO



**FOR THE
PLANET**





**Parks and Recreation
Department**

2700 6th Avenue South
Lake Worth, FL 33461

(561) 966-6600

Email: pbcparcs@pbc.gov

www.pbcparcs.com

PALM BEACH COUNTY



PARKS & RECREATION

**Palm Beach County
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Maria G. Marino, Vice Mayor

Gregg K. Weiss

Michael A. Barnett

Marci Woodward

Sara Baxter

Mack Bernard

County Administrator

Verdenia C. Baker

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

June 21, 2024

Jami Melnick, Director of Operations
Holy Spirit Lutheran Church
13301 Ellison Wilson Road
Juno Beach, FL 33408

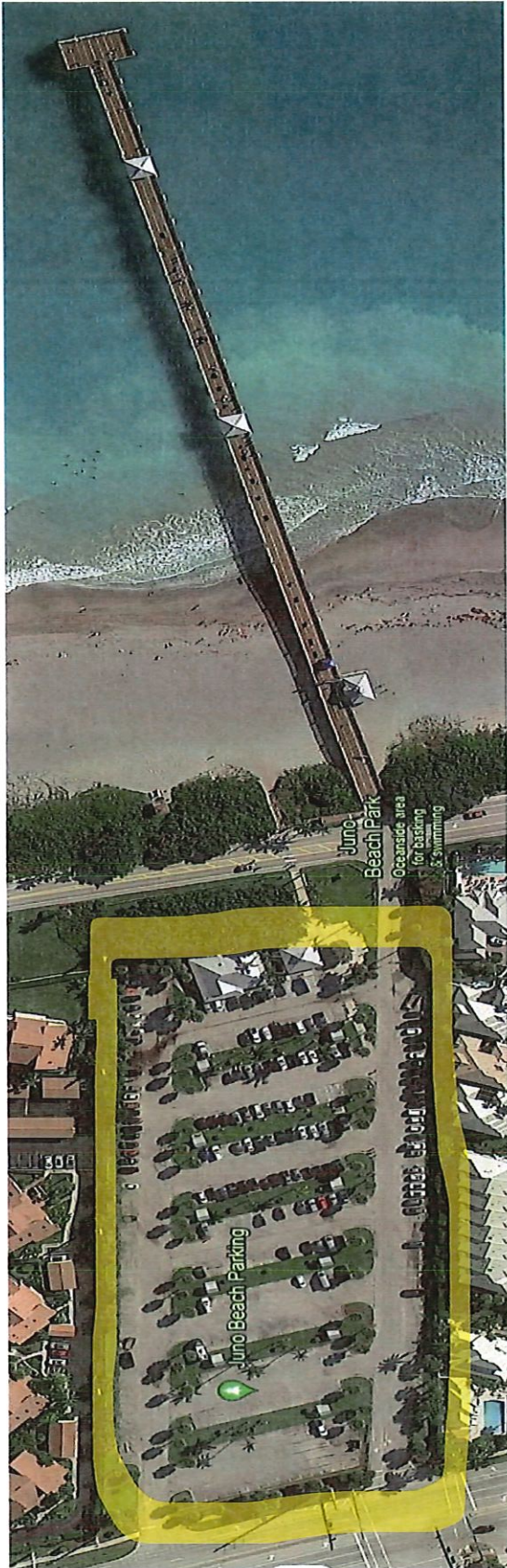
Dear Jami,

Thank you for your request to have your annual **Easter Service at the Juno Pier on Sunday, April 20th, 2025 at 6:45AM and 8:45AM**. We have received the information you provided and have determined that you will not need to permit your event through our Special Events section. Thank you for providing the appropriate insurance certificate in advance.

I have advised our Aquatics Director of your plans and communications with Kate Fratalia from Loggerhead Marine Life Center regarding fees, availability, and usable areas of the pier. Per your letter you will be going before the Town of Juno Beach in the near future to present your request. As in years past, we understand that Juno Beach will provide security for parking, traffic and pedestrian safety and will provide two uniformed officers on site during your event.

I'm hopeful you will have great weather this year and a very successful event!

Sincerely,
Diva Koon
Interim Special Facilities Supervisor
Palm Beach County Parks and Recreation
2700 Sixth Ave. So.
Lake Worth, FL 33461



- Service will be held on the pier and on beach on both sides of the pier.
- Parking will be in the Juno Beach public parking lot. Overflow parking will be in the Publix complex across the street.
- No road closures.
- We will ask for Police to direct traffic and pedestrian parking.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2024

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 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 Brown & Brown of Florida, Inc. 1661 Worthington Rd Ste 175 West Palm Beach FL 33409	CONTACT NAME: Scott Shaffer PHONE (A/C, No, Ext): (561) 686-2266 FAX (A/C, No): (561) 686-2313 E-MAIL ADDRESS: scott.shaffer@bbrown.com																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Ohio Security Insurance Company</td> <td>24082</td> </tr> <tr> <td>INSURER B:</td> <td>West American Insurance Company</td> <td>44393</td> </tr> <tr> <td>INSURER C:</td> <td>The Ohio Casualty Insurance Company</td> <td>24074</td> </tr> <tr> <td>INSURER D:</td> <td>Church Mutual Insurance Company, S.I.</td> <td>18767</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Company	24082	INSURER B:	West American Insurance Company	44393	INSURER C:	The Ohio Casualty Insurance Company	24074	INSURER D:	Church Mutual Insurance Company, S.I.	18767	INSURER E:			INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 23-24 Master COI 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKS (23) 58 54 04 90	05/25/2023	05/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pastor Professional \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAW (23) 58 54 04 90	05/25/2023	05/25/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			ESO (23) 58 54 04 90	05/25/2023	05/25/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0323250 07-588476	05/25/2023	05/25/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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 with respect to the General Liability policy when required as per written contract.

CERTIFICATE HOLDER Town of Juno Beach 340 Ocean Drive 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  <small>ELIZABETH ROWAN</small>
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