



DATE/TIME RECEIVED:

TOWN OF LAKE PARK
SPECIAL EVENTS DEPARTMENT
SPECIAL EVENT PERMIT APPLICATION

For Events being held on Town Property, Town services may be requested for an additional fee(s). Please schedule a pre-submittal meeting with the Special Events Director at least 60 days in advance of your event by calling 561-840-0160.

This Application must be completed and submitted by the Event Organizer ("Applicant")

If this Event requires a Town facility rental, please contact our Special Events Department at 561-840-0160 regarding the completion of the Facility Usage Application **PRIOR** to submitting this application.

Instructions:

This completed Special Event Permit Application and all relevant attachments must be submitted to the Special Events Department not less than thirty **(30) calendar days** prior to the date of the proposed Event. **For events being proposed wholly or partially on Town Property**, the deadline to submit is sixty **(60) calendar days** prior to the date of the proposed Event.

Application Fee Due and Payable Upon Submittal: \$100.00 (\$50.00 for individuals or Non-profit organizations). *Note: Application Fees are Non-Refundable.*

Non-Profit IRS Tax Identification Number (required if Applicant is a non-profit):

82-2030991

(If applicable)

Name of Applicant (i.e. Event Organizer):

RHONALDO PORTER.

Name of Event:

"SUMMER BASH" TO BENEFIT (FUNDRAISER)
AMARIE SAMPSON'S CHILDREN'S TRANSPORTATION FUND

Address/Location of Event:

714-722-PARK AVENUE PARKING LOT. (EAST END ONLY)

Are you interested in sponsorship from the Town of Lake Park? Yes ☒ No ☐

535 PARK AVENUE, LAKE PARK, FLORIDA • Phone 561-881-3318 • Fax 561-881-3323

Special Event Permit Application

Revised: January 2023

Previous Editions Obsolete

Dates/Times of the event (as applicable):

	Date	Day	Begin Time	End Time
Event Day 1	7/15/23	SATURDAY	2:00 AM <input checked="" type="radio"/> PM	6:00 <input type="radio"/> AM <input checked="" type="radio"/> PM
Event Day 2	_____	_____	() AM () PM	() AM () PM
Event Day 3	_____	_____	() AM () PM	() AM () PM
Event Day 4	_____	_____	() AM () PM	() AM () PM
Event Day 5	_____	_____	() AM () PM	() AM () PM
Event Day 6	_____	_____	() AM () PM	() AM () PM

Additional Applicant Information:

Name: RHONDA JO PORTER

Address: 720 PARK AVE

State/Zip: LAKE PARK, FL 33403

CONTACT PHONE: 561-234-0989

Alternate Phone # 561-469-8930

Fax: N/A

E-mail: AJDMAMA@gmail.com

Description and Purpose of the Event

FAMILY FRIENDLY EVENT TO RAISE MONEY FOR AMARAH SHELLE
CHILDREN'S TRANSPORTATION FUND. (DRIVE KIDS TO THE TAMPA HOSPITAL)
10 VENDORS MAX. - COIN HOLE - WATER GUN EATING CONTEST, GAMES.

Estimated number of participants? 100

Has this event ever occurred in the Town of Lake Park? Yes ___ No X

Has this site had a Special Event Permit this calendar year? Yes ___ No X

Will there be an admission fee for the Event? If yes, how much? Yes ___ (\$___) No X

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****THE FOLLOWING SECTIONS MAY NOT APPLY TO
NON-COMMERCIAL EVENTS****

Will your event require road closure?

Yes ____ No X

If YES, describe the requested street segment closure and time and provide a Traffic Circulation Plan prepared by a Traffic Engineer, including a detour signage plan. You are responsible for notifying affected businesses/entities, including Palm Tran, regarding affected routes: _____

(Initial to acknowledge statement)

EVENT COMPONENTS (Check the items that will be associated with your event.)

- ☐ Road closure
- ☐ Electric service hook-up required
- ☐ Water service hook-up required
- ☐ Sidewalks blocked
- ☐ Municipal park(s) prepared
- ☐ Booths or other temporary structures
- ☒ Parking lots to be partially or completely closed - ONLY THE ONE BELONGING TO THE BUILDING.
- ☒ Food Vendors (Liquid Propane Gas Log)
- ☐ Town litter pick-up or street sweeping
- ☒ Tents (if yes, describe type and size 10x10 - LIMITED TO SPACE AVAILABLE)
- ☐ Barricades ordered
- ☐ Alcohol served
- ☐ Security/Law Enforcement
- ☐ Music, bands, DJ
- ☐ Rides or other amusements
- ☐ Animals
- ☐ Fireworks
- ☐ Bleachers
- ☐ Designated parking area
- ☐ Town Restroom (if yes, please describe _____)
- ☐ Portable Restrooms (if yes, please describe _____)
- ☐ Dumpsters/Trash Receptacles
- ☐ Portable stage
- ☐ Other (e.g., bounce house, etc.)

EVENT VENDOR(S) LIST ALL NAMES (identify which ones are food trucks*)

<u>EDDIE'S ROLLIN' BISTRO. *</u>	<u>ARTS & CRAFTS. - TENT.</u>
<u>MARK BOVE BBQ FOOD. *</u>	_____
<u>CIGAR VENDOR.</u>	_____
<u>VFW. TENT.</u>	_____
<u>SHRINE TENT.</u>	_____

Will the event require the use of electricity?

Yes ___ No X

Will the event require water hook-up?

Yes ___ No X

*Will food and/or beverages be served?

Yes X No ___

*Will the event have vendors or concession sales, including food? Yes X No ___

**If the answer to the above question is YES, the Applicant/Event Organizer is responsible for securing all respective Palm Beach County and State of Florida Health Certificates for food vendors, as well as copies of all other commercial vendor licenses.*

WILL THE EVENT INCLUDE FOOD TRUCKS?

Yes X No ___

**If the answer to the above question is YES, all food trucks must have the proper State license, PBC Business Tax Receipt, and a current PBC Fire Rescue Safety Inspection Report. Copies of these documents must be provided to the Town no later than fourteen (14) calendar days prior to the event.*

For events on Town property, the Liquid Propane Gas tanks will be inspected the day of the event for leaks prior to operating any gas appliances. Applicants must provide staff with their LPG Log at each event to ensure proper safety measures have been followed.

For events on Town property, Applicants must also provide to the Town a Certificate of Insurance issued no more than thirty (30) days prior to the date of the event and naming the Town of Lake Park (and the CRA, if the event is taking place within the CRA area) as certificate holder and an additional insured with respect to commercial general liability. The required limits are \$1 million per occurrence and \$2 million aggregate. \$100,000 damage to rented premises must also be provided.

Applicants who are found to have attempted to circumvent this requirement by using another person/entity for the purposes of obtaining the required insurance coverage shall be barred from obtaining another special event permit within the Town for three years.

(Applicant initial to acknowledge statement)

The Applicant holds full responsibility and liability for its vendors.

(Initial to acknowledge statement)

**Will alcoholic beverages be served?

Yes ___ No X

***If the answer to the above question is YES, additional liquor legal liability insurance usual to the insured's operations with a \$1million limit must be included on the Certificate of Insurance.*

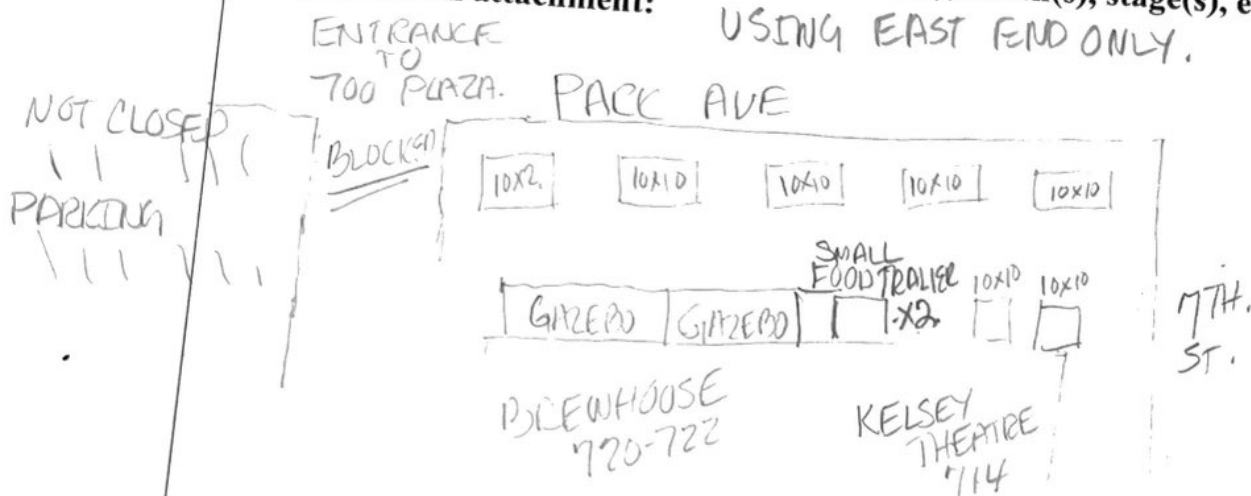
Yes ___ No X

***Are you proposing signage?

****If the answer to the above question is YES, please fill out the Signage Permit Application available in the Community Development Department. An additional \$100.00 application fee is required for this signage application. This application will be deemed incomplete if signage is proposed and a signage application is not submitted.*

Will the event have an official "Flyer" and/or promotional materials? Yes No X
 If yes, please provide a copy of the "Flyer". ~ SOCIAL MEDIA ADVERTISING.

Please provide a sketch of the Special Event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc. OR provide an attachment:



* FOOD TRAILER 1 - SELF CATERED.
 * FOOD. SMOKE? - SERVED.

PARKING IN ALLEY & PUBLIC PARKING AREA.

NOTE: Public parking spaces are on a first-come, first-serve basis, and may be metered depending on where your event is being held.

IF TENTS ARE BEING UTILIZED:

MAXIMUM ALLOWABLE TENT SIZE IS 35' X 45'

For ALL tents larger than 10 ft. x 10 ft. (pop-up style), a Certificate of Flame Resistance is required and must accompany this Special Event Permit Application.

(All requirements imposed by any of the reviewing entities below, will be communicated to the Applicant early-on and must be secured no later than 14 calendar days in advance of the event, with verification provided to the Town prior to the issuance of the Special Events permit)

(FOR OFFICE USE ONLY)
SIGNATURES/APPROVALS:

Please Sign and Date

SPECIAL EVENTS DIRECTOR: *(If applicable)*

Riunite Franks

Digitally signed by Riunite Franks
DN: cn=Riunite Franks, ou=Town of Lake Park, ou=Special Events
Department, email=frankslakepark@lakeparkfla.gov, c=US
Date: 2023.06.14 11:20:58 -0400

DATE: 6/14/23

PUBLIC WORKS DIRECTOR:

DATE: _____

MARINA DIRECTOR: *(If applicable)*

DATE: _____

PALM BEACH COUNTY SHERIFF:

DATE: _____

PALM BEACH COUNTY FIRE-RESCUE:

DATE: _____

RISK MANAGEMENT: *(If applicable)*

DATE: _____

ADA Requirements

Insurance
Requirements

COMMUNITY DEVELOPMENT DIRECTOR (a copy will be provided to the Code Officer if on duty):

DATE: _____

Additional Comments (reviewers may include attachments):

(All requirements imposed by any of the reviewing entities below, will be communicated to the Applicant early-on and must be secured no later than 14 calendar days in advance of the event, with verification provided to the Town prior to the issuance of the Special Events permit)

(FOR OFFICE USE ONLY)
SIGNATURES/APPROVALS:

Please Sign and Date

SPECIAL EVENTS DIRECTOR: *(If applicable)*

 DATE: _____

PUBLIC WORKS DIRECTOR: *Approved as it is on private property.*

Paula Leblanc

Digitally signed by Paula Leblanc,
 DN: cn=Paula Leblanc, o=PO, email=plblanc@palmbeach.fl.us
 Date: 2023.05.12 15:00:38 -0400

DATE: 05/12/23

MARINA DIRECTOR: *(If applicable)*

 DATE: _____

PALM BEACH COUNTY SHERIFF:

 DATE: _____

PALM BEACH COUNTY FIRE-RESCUE:

 DATE: _____

RISK MANAGEMENT: *(If applicable)*

 DATE: _____

ADA Requirements

Insurance
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COMMUNITY DEVELOPMENT DIRECTOR (a copy will be provided to the Code Officer if on duty):

 DATE: _____

Additional Comments (reviewers may include attachments):

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(FOR OFFICE USE ONLY)
SIGNATURES/APPROVALS:

Please Sign and Date

SPECIAL EVENTS DIRECTOR: *(If applicable)*

 DATE: _____

PUBLIC WORKS DIRECTOR:

 DATE: _____

MARINA DIRECTOR: *(If applicable)*

 DATE: _____

PALM BEACH COUNTY SHERIFF:

_____
 DATE: 5/12/23

PALM BEACH COUNTY FIRE-RESCUE:

 DATE: _____

RISK MANAGEMENT: *(If applicable)*

 DATE: _____

ADA Requirements

Insurance
Requirements

COMMUNITY DEVELOPMENT DIRECTOR (a copy will be provided to the Code Officer if on duty):

 DATE: _____

Summer Bash Fundraiser

Additional Comments (reviewers may include attachments):

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(FOR OFFICE USE ONLY)
SIGNATURES/APPROVALS:

Please Sign and Date

SPECIAL EVENTS DIRECTOR: *(If applicable)*

DATE: _____

PUBLIC WORKS DIRECTOR:

DATE: _____

MARINA DIRECTOR: *(If applicable)*

DATE: _____

PALM BEACH COUNTY SHERIFF:

DATE: _____

PALM BEACH COUNTY FIRE-RESCUE:

PS _____
DATE: 5/15/23

RISK MANAGEMENT: *(If applicable)*

DATE: _____

ADA Requirements

Insurance
Requirements

COMMUNITY DEVELOPMENT DIRECTOR (a copy will be provided to the Code Officer if on duty):

DATE: _____

Additional Comments (reviewers may include attachments):

APPLICANT SIGNATURE:

RAJ Porter

APPLICANT PRINTED NAME:

RW PORTER.

DATE:

5/4/23PROPERTY OWNER: *(If Property Owner is not the Applicant)*Amir

DATE:

PROPERTY OWNER PRINTED NAME:

MILAD ABAM WOLLO 40 T. 1. 1. 1.

DATE: