



DATE/TIME RECEIVED:

September 22, 2022

SN

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 561-881-3300 Ext. 360.

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):

(If applicable)

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

Kelley Vance

Name of Event:

Health Fair

Address/Location of Event:

Kelley Park

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

Dates/Times of the event (as applicable):

	Date	Day	Begin Time	End Time
Event Day 1	11/19	Sat	12:00	() AM () PM 2:00 () AM () 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: Kelley Vance

Address: 1423 14th Ct., Jupiter

State/Zip FL 33477

CONTACT PHONE: 561-236-0552

Alternate Phone # n/a

Fax: _____

E-mail: k.vance@absolutebestins.com

Description and Purpose of the Event

Health Fair - Target Market is Seniors
Educate insurance options provide info on local
Dr. Offices & other relevant local businesses.

Estimated number of participants? 20-50?

Has this event ever occurred in the Town of Lake Park? Yes ____ No ✓

Has this site had a Special Event Permit this calendar year? Yes ____ No ✓

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

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

Special Event Permit Application

Revised: July 2022

Previous Editions Obsolete

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

Will your event require road closure?

Yes _____ No ☒

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 *for DJ - marked on diagram*
- ☐ Water service hook-up required
- ☐ Sidewalks blocked
- ☐ Municipal park(s) prepared
- ☐ Booths or other temporary structures
- ☐ Parking lots to be partially or completely closed
- ☐ Food Vendors
- ☐ Town litter pick-up or street sweeping
- ☒ Tents (if yes, describe type and size *All tents will be no larger than 10'x10'*
- ☐ Barricades ordered *same vendors will have no tents. MOST vendors*
- ☐ Alcohol served *will only use tables.*
- ☐ Security/Law Enforcement
- ☒ Music, bands, DJ *Just a community member acting as DJ.*
- ☐ Rides or other amusements
- ☐ Animals
- ☐ Fireworks
- ☐ Bleachers
- ☐ Designated parking area
- ☒ Town Restroom (if yes, please describe *park Restrooms*)
- ☐ 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)*

*Please see attached & subject to change
as RSVPs are received.*

Lake Park Health Fair vendor List – November 19, 2022

LIST SUBJECT TO CHANGE SLIGHTLY DUE TO AVAILABILITY OF VENDORS

- Earon – complimentary Hearing Aid cleaning onsite
- Town commissioner – John Lindon
- Dedicated Senior Medical Center
- Humana Healthcare
- Dr. Henry Stark
- DJ – Mark Goldstein
- Chiropractor
- Diabetes Coalition
- Message therapy – Valerie Ocasio
- Operation Hope – Ken Bowers
- 211
- Active Health
- Community Partner of South Florida
- Club 100 Charities – Harry Drier

Will the event require the use of electricity?

Yes ☒ No ☒ *SN* 9/27/22

Will the event require water hook-up?

Yes ☐ No ☒

*Will food and/or beverages be served? *Bottled water will be provided.* Yes ☐ No ☒

*Will the event have vendors or concession sales, including food? Yes ☐ 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 ☐ No ☒

**If the answer to the above question is YES, the Applicant/Event Organizer must ensure all food trucks have the proper State license and PBC Business Tax Receipt, and provide copies to the Town with the initial submittal of this Application (or at the very latest 14 calendar days in advance of the event).*

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 ☒

***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.*

***Are you proposing signage?

Yes ☐ No ☒

****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 ☐
If yes, please provide a copy of the "Flyer".

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:

please see attached

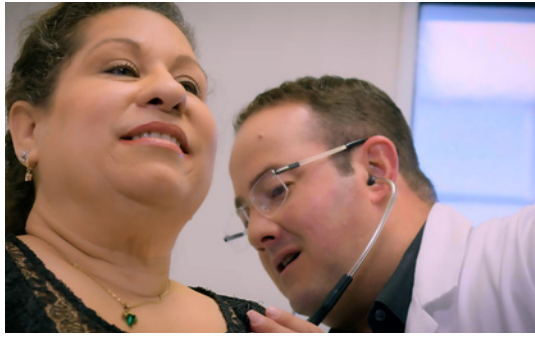
NOTE: Public parking spaces are on a first-come, first-serve basis, and may be metered depending on where your event is being held.

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.

Senior Health Fair



Dedicated Senior Medical Center invites seniors to come out and enjoy an afternoon of informative and fun activities. Get your complimentary wellness check too.

Health fair activities include:

- Community Vendors
- Free Health Screenings
- Food and Drinks
- Prize Giveaways



Dedicated Senior
Medical Center
A CHENMED COMPANY

WHERE:

Kelsey Park

601 Federal Hwy, Lake
Park, FL 33403

DATE:

November 19th

TIME:

12:00 pm to 2:00 pm

www.Dedicated.Care

**For more information call Johana at
561-592-6332**

Space is limited and promotional value is nominal.



1

Greenbriar Dr

Greenbriar Dr

Greenbriar Dr

Lake Shore Dr

B

Pi

Park Ave

1

10' x 10'
Vendor tents

□ □ □ □ □

□ □ □ □ □

Vendor tents

10' x 10'

DJ tent

Lake Shore Dr

Foresteria Dr

(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:

 DATE: _____

MARINA DIRECTOR: *(If applicable)*

 DATE: _____

PALM BEACH COUNTY SHERIFF:

CAPT. [Signature]
 DATE: *9/30/22*

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: _____

Seniors' Health Fair

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)

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 DATE: _____

MARINA DIRECTOR: *(If applicable)*

 DATE: _____

PALM BEACH COUNTY SHERIFF:

 DATE: _____

PALM BEACH COUNTY FIRE-RESCUE:

Supervisor Summers
 DATE: 09/30/2022

RISK MANAGEMENT: *(If applicable)*

 DATE: _____

ADA Requirements

Insurance
 Requirements

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

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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):

APPLICANT SIGNATURE: Jacqueline K. Vance

APPLICANT PRINTED NAME: Jacqueline Kelley Vance DATE: 9/20/22

PROPERTY OWNER: *(If Property Owner is not the Applicant)*

_____ DATE: _____

PROPERTY OWNER PRINTED NAME:

_____ DATE: _____