



DATE/TIME RECEIVED:

SN
3/3/25

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, **(45) calendar days** if applying for Block Party Grant.

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):

88-0621108

(If applicable)

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

LESLEY BERRY and CHARLES METAYER

Name of Event:

HAITIAN FLAG DAY CELEBRATION

Address/Location of Event:

535 PARK AVE & 425 CRESCENT DA TOWN HALL REAR PARKING & BETHLEHEM

Bethlehem Haitian Baptist Church
425 Crescent Drive, Lake Park, FL 33403

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	MAY 17, 2025		03:00 () AM <input checked="" type="checkbox"/> PM	09:00 () AM <input checked="" type="checkbox"/> 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: LESLY BERRY Charles Metayer

Address: 143 LAKE OLIVE DR

State/Zip WEST PALM BEACH, FL 33411

CONTACT PHONE: (561) 3605216

Alternate Phone # (561) 3851648

Fax: _____

E-mail: beaucerveau@yahoo.com metayercopin@yahoo.com

Description and Purpose of the Event

To celebrate Flag day with
cultural activities and sports activities

Estimated number of participants? 400

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 ☒

****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 (See above)
- ☒ 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
- ☒ Food Vendors (Liquid Propane Gas Log)
- ☐ Town litter pick-up or street sweeping
- ☒ Tents (if yes, describe type and size 10'x20'(2) & 10X10)
- ☐ 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 Town Hall)
- ☒ 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>Grilled Cheese Nation</u>	_____
<u>Sno Balls in Paradise</u>	_____
_____	_____
_____	_____
_____	_____

Will the event require the use of electricity? Yes ☒ No ☐

Will the event require water hook-up? Yes ☐ No ☒

*Will food and/or beverages be served? 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, 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 ☒

***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.*

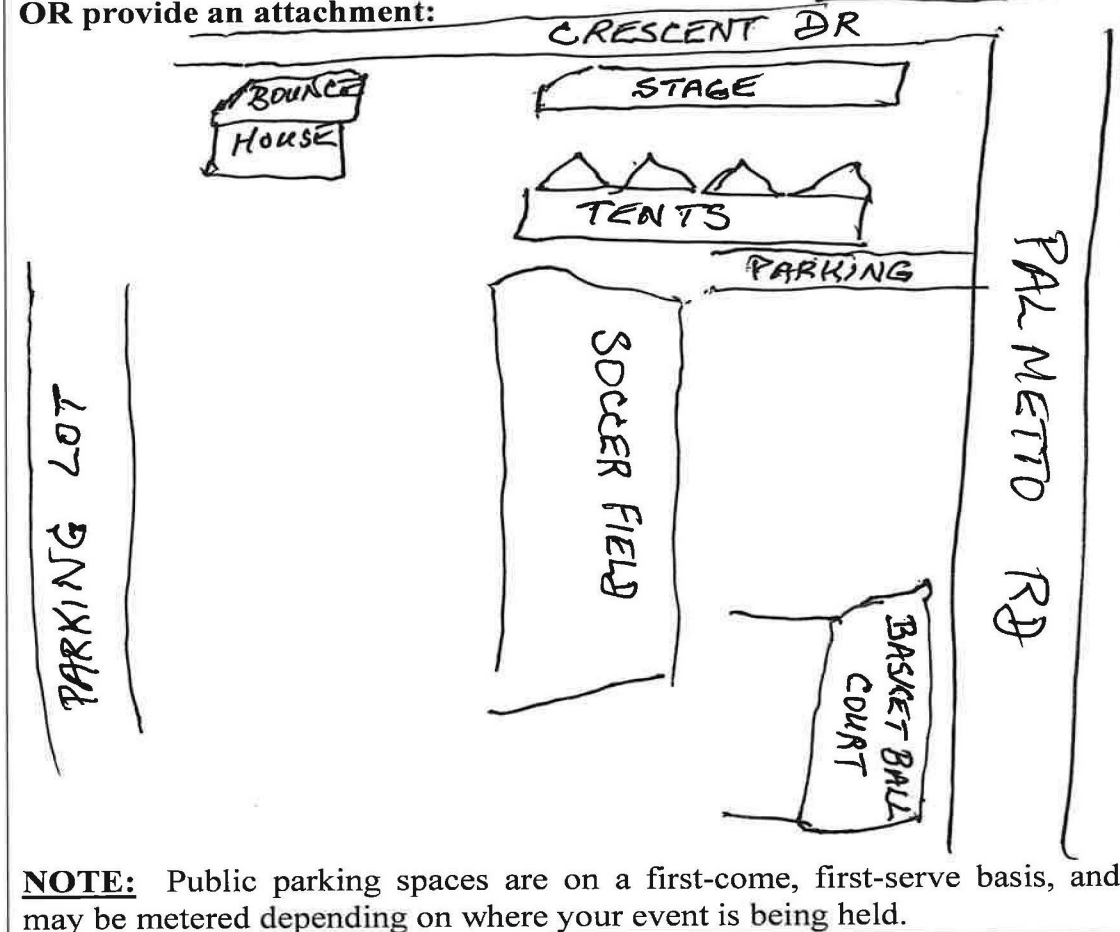
***Are you proposing signage? Yes ☐ No ☒

****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". **NEW SITE MAP REQUESTED**

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:



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:

 DATE: _____

PUBLIC WORKS DIRECTOR:

 DATE: _____

PALM BEACH COUNTY SHERIFF:

 DATE: _____

PALM BEACH COUNTY FIRE-RESCUE:

 DATE: _____

RISK MANAGEMENT: *(If applicable)*

 DATE: _____

ADA Requirements

Insurance
Requirements

CRA ADMINISTRATOR: *(If applicable)*

 DATE: _____

COMMUNITY DEVELOPMENT DIRECTOR: **A copy will be provided to the Staff Member and/or Code Officer if on duty.**

 DATE: _____

Additional Comments (reviewers may include attachments):

APPLICANT SIGNATURE: _____

Lesly Berry

APPLICANT PRINTED NAME: _____

LESLY BERRYDATE: 03/03/2025**PROPERTY OWNER:** *(If Property Owner is not the Applicant)*

DATE: _____

PROPERTY OWNER PRINTED NAME: _____

DATE: _____