

Agenda Item #: 3H-5

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: June 8, 2010

☒ **Consent** ☐ **Regular**
☐ **Ordinance** ☐ **Public Hearing**

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: a notice of exercise of the third option to extend the term of the Concessionaire Service Agreement (R2007-0958) with Kayak-King Watersports, Inc., for the continued operation of a water sports and recreational rental concession in Okechee Park at an annual rate of \$5,399.35.

Summary: Kayak-King Watersports, Inc. has operated its concession in Okechee Park since May 2008 (R2008-0761). The Board previously recognized two renewal options (R2008-1476 dated September 9, 2008, and R2009-0757 dated May 5, 2009) that extended the expiration date of the Concessionaire Service Agreement to June 30, 2010. Kayak-King Watersports is exercising the third of four (4) one (1) year extension options for the period of July 1, 2010, through June 30, 2011. The annual rent for this extension period is increased by four percent (4%) to \$5,399.35. The Board has no discretionary authority to deny the exercise of the option; however, either party may terminate this Agreement upon ninety (90) days written notice. Florida Statutes Section 286.23 requires that a Disclosure of Beneficial Interest be obtained when a property held in a representative capacity is leased to the County, but does not require such Disclosure when the County leases property to a tenant. Since the Statute does not require the Disclosure and as this is an exercise of an option to a Concessionaire Service Agreement which was previously approved by the Board, Staff did not request a new Disclosure. All other terms and conditions of the Concessionaire Service Agreement shall remain in full force and effect. (PREM) District 6 (HJF)

Attachments:

1. Location Map
2. Option to Extend Letter dated February 4, 2010
3. Budget Availability Statement

Recommended By:

Department Director

5/15/10

Date _____

Approved By:

County Administrator

6/3/10

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$1,349.85>	<\$4,049.55>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$1,349.85>	<\$4,049.55>	-0-	-0-	-0-
# ADDITIONAL FTE POSITIONS (Cumulative)	-0-	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____

Budget Account No: Fund 0001 Dept 580 Unit 5411 Object 4729
Program _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

\$5,399.35/year (\$449.95/month) rent/income effective July 1, 2010.

C. Departmental Fiscal Review: _____

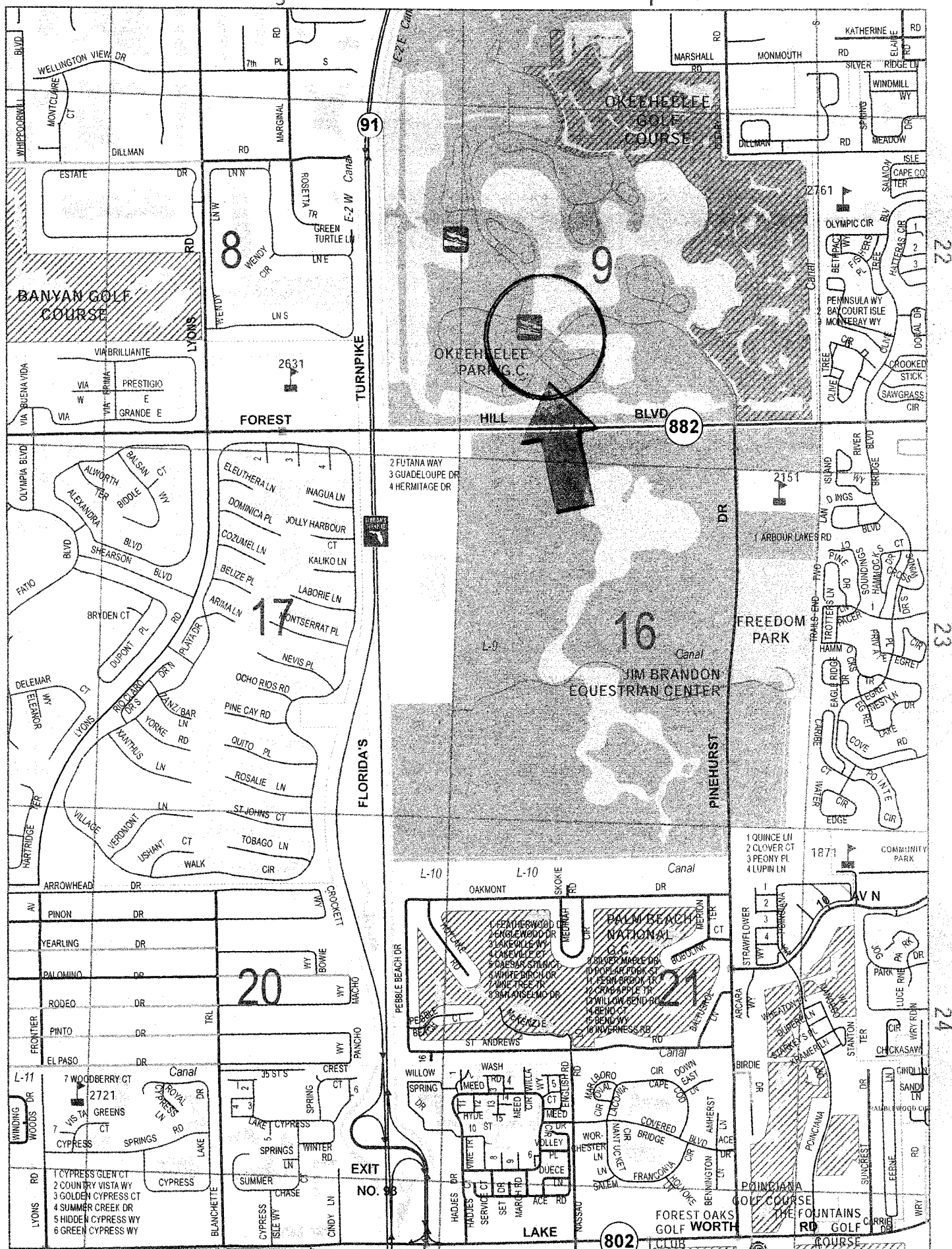
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:
* FY 2010 Fiscal impact is for 3 month at \$449.95/month.
N Diaz 5/28/10 Am. J. [Signature] 6/2/10
OFMB 5/23/10 5/27/10 Contract Development and Control

B. Legal Sufficiency:
[Signature] 6/3/10
Assistant County Attorney

C. Other Department Review:
[Signature]
Department Director

This summary is not to be used as a basis for payment.



LOCATION MAP

Attachment 1

Kayak-King Watersports Inc.
Okecheelee Boat Rentals
1338 Victoria Drive
West Palm Beach, FL 33406
(561) 632-2707

February 4, 2010

VIA FAX: 963-6734

John Wildner
Parks & Recreation Department
2700 Sixth Avenue So.
Lake Worth, FL 33461

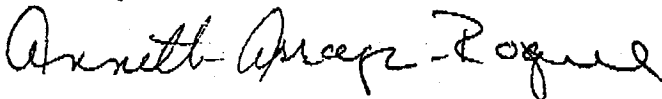
RE: Renewal of Lease with Palm Beach County for the Okecheelee Boat Rentals at
Okecheelee Park, 7715 Forest Hill Blvd, West Palm Beach, Florida

Dear Mr. Wildner:

On behalf of Kayak-King Watersports Inc. who uses the lake to rent watercrafts and bikes, please accept this letter as a request for another (1) year extension to our 5 year contract on the above referred lease. We have had nothing but positive comments regarding the rental station and will like to continue to make this available to the many visitors we get.

Please feel free to contact me if there is any other information you need.

Sincerely,



Annette Arriaga-Roque
President

Attachment 2

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 3/11/2010

REQUESTED BY: Steven K. Schlamp
Property Spec./PREM

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: Okecheelee Park Equipment Concession Option 3 of 4

PROJECT NO.: 2010-5.007

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$1,349.85>	<\$4049.55>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$1,349.85>	<\$4,049.55>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	0	_____	_____	_____	_____

** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.

BUDGET ACCOUNT NUMBER

FUND: 0001

DEPT: 580

UNIT: 5411

OBJ: 4729
SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES ☒ NO ☐

RECEIVED

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

~ Ad Valorem (source/type: _____)

~ Non-Ad Valorem (source/type: _____)

~ Grant (source/type: _____)

~ Park Improvement Fund (source/type: _____)

~ General Fund

~ Operating Budget

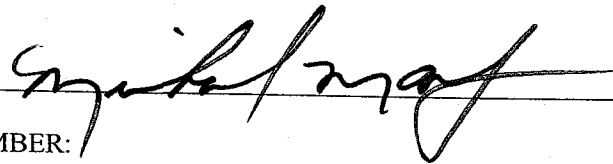
~ Federal/Davis Bacon

SUBJECT TO IG FEE? YES

NO

Department: Parks & Recreation Department

BAS APPROVED BY:



DATE: 04/14/10

ENCUMBRANCE NUMBER:

C:\Documents and Settings\mmart2\Local Settings\Temporary Internet Files\Content.Outlook\PQNPCNZF\BAS 031110.doc

Attachment 3

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2010

PRODUCER
ATWOOD INSURANCE AGENCY, INC
14300 SW 36th Ave Rd Ste A
Ocala, FL 34473
(352)245-2182
SURED
Kayak-King Watersports, Inc

1338 Victoria Drive
West Palm Beach, FL 33406
561-632-2707

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: Penn America Insurance Co
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC #

OVERAGES						
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
IR ADD'L R. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A X	GENERAL LIABILITY	EPXXM-V	8/11/2009	8/11/2010	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALLOWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Location: 7715 Forest Hill Blvd West Palm Beach Fl

Certificate Holder is named as additional insured

Watercraft Liability is included in the general liability coverage

CERTIFICATE HOLDER

Palm Bch Cty Board Of Cty Commissioners
A Political Sub Division of the State of
FL its officers, agent & employes
301 N Olive Avenue
West Palm Beach Fl 33401
Fax 561-963-6734

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

ACORD™ EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)
02/25/10

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER CBIZ Insurance Svcs., Inc. 44 Baltimore Street Cumberland, MD 21502		PHONE (A/C, No, Ext): 301 777-1500	COMPANY Hartford Fire Insurance Company 200 International Circle P O Box 8010 Hunt Valley , MD 21030	
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 59295				
INSURED Kayak-King Watersports, Inc. 1338 Victoria Drive West Palm Beach, FL 33406			LOAN NUMBER	POLICY NUMBER 30UUMTL6279
			EFFECTIVE DATE 08/07/09	EXPIRATION DATE 08/07/10
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
7715 Forest Hill Blvd
West Palm Beach, FL 33406
Outpost

COVERAGE INFORMATION		
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Combined Business Income and Extra Expense	10,000	
Wind Deductible		
Building	45,900	\$5,000
Business Personal Property	6,000	\$1,000
Cause: Special (Including Theft)		\$1,000
Replacement Cost		
Equipment	10,000	1,000

REMARKS (Including Special Conditions)

Certificate Holder to read: Palm Beach County, Board of County Commissioners, A political subdivision of the State of Florida, Its officers, agents, and employees

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST									
NAME AND ADDRESS Palm Beach County Attn: Parks & Rec. Dept. 2700 Sixth Avenue Lakeworth, FL 33461	<table><tr><td><input type="checkbox"/> MORTGAGEE</td><td><input type="checkbox"/> ADDITIONAL INSURED</td></tr><tr><td><input checked="" type="checkbox"/> LOSS PAYEE</td><td></td></tr><tr><td colspan="2">LOAN #</td></tr><tr><td colspan="2">AUTHORIZED REPRESENTATIVE</td></tr></table>	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LOSS PAYEE		LOAN #		AUTHORIZED REPRESENTATIVE	
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED								
<input checked="" type="checkbox"/> LOSS PAYEE									
LOAN #									
AUTHORIZED REPRESENTATIVE									

STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT

TO: Palm Beach County Board of County Commissioners
Property and Real Estate Management
Attn: Director
2633 Vista Parkway
West Palm Beach, FL 33411

This will affirm that:

1. We are not engaged in the "construction industry" as defined in FL Chapter 440 and do not employ more than three persons (including Corporate Officers, if any).
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance.

Annette Perriaga
(Please Print Name)

Annette Perriaga
Signature/Title

3/11/10
Date

Kayak-King Watersports Pnc.
Company Name

1338 Victoria Drive, West Palm Beach, FL 33406
Company Street Address/City/State/Zip Code

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087599

Entity Name: KAYAK-KING WATERSPORTS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1338 VICTORIA DR
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1338 VICTORIA DR
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-1139474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRIAGA, ANNETTE
1338 VICTORIA DR
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARRIAGA, ANNETTE
Address: 1338 VICTORIA DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: ROQUE, ROGER
Address: 1338 VICTORIA DR
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE ARRIAGA PD 04/28/2009
Electronic Signature of Signing Officer or Director Date