

AGENDA ITEM SUMMARY

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: a notice of exercise of the first option to extend the term of the Concessionaire Service Agreement (R2007-1109) with Brian E. Wilson and Jennifer G. Wilson, Joint Venture, d/b/a Lazy Loggerhead Café, for the continued use of the concession building at Carlin Park in Jupiter for \$67,491.84/year.

Summary: Brian E. Wilson and Jennifer G. Wilson, Joint Venture, d/b/a Lazy Loggerhead Café has operated under the current Concessionaire Service Agreement (Agreement) for the use of the concession building at Carlin Park in Jupiter since September 2007. The initial term of the Agreement expires August 31, 2010. Loggerhead Café is exercising the first of three (3) one (1) year extension options for the period of September 1, 2010, to August 31, 2011. The guaranteed annual rent will be increased by four percent (4%) from \$64,896.00 (\$5,408.00/month) to \$67,491.84 (\$5,624.32/month). The Parks & Recreation Department is satisfied with the Loggerhead Café's performance. The Board has no discretionary authority to deny the exercise of the option; however, the County may terminate this Agreement upon ninety (90) days written notice to the Loggerhead Café. State Statutes do not require a Disclosure of Beneficial Interest to be obtained 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 extend a previously approved agreement for which a Disclosure was obtained, Staff did not request a new Disclosure. **(PREM) District 1 (HJF)**

Attachments:

1. Location Map
2. Letter from Lazy Loggerhead Cafe dated May 12, 2010, exercising option
3. Budget Availability Statement

Recommended By: TEH Army Wolf 6/21/10
Department Director Date

Approved By: [Signature] 7/4/10
County Administrator 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 | <\$5,624.32> | <\$61,867.52> | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | <\$5,624.32> | <\$61,867.52> | -0- | -0- | -0- |
| # ADDITIONAL FTE POSITIONS (Cumulative) | _____ | _____ | _____ | _____ | _____ |

Is Item Included in Current Budget: Yes X No _____

Budget Account No: Fund 0001 Dept 580 Unit 5405 Object 4729
Program n/a

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

Current guaranteed annual rent of \$64,896.00 (\$5,408.00/month) will increase 4% to \$67,491.84 (\$5,624.32/month) for the 9/1/2010 – 8/31/2011 renewal option period.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

Parks and Recreation is aware of the term extension and have budgeted the revenue in the 2011 budget

[Signature] 7/1/10
OFMB *6/30/10* *6/30/10*

[Signature] 7/12/10
Contract Development and Control

B. Legal Sufficiency:

[Signature] 7/16/10
Assistant County Attorney

C. Other Department Review:

Department Director

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



12 May 2010

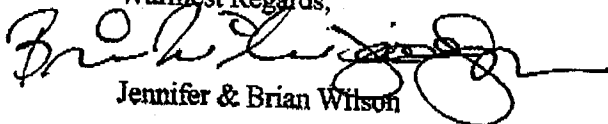
2700 6th Avenue South
John Prince Park
Lake Worth, Florida 33461

Dear John:

Please accept this letter as formal notice of our intent to renew our contract for an additional year, beginning September 1, 2010 through September 1, 2011 as per the original contract bid which was issued on September 1, 2007.

We have very much enjoyed working at the Lazy Loggerhead Café in Carlin Park and sharing in such a special relationship with Palm Beach County Parks & Recreation. We look forward to another year of continued success for both parties.

Warmest Regards,


Jennifer & Brian Wilson

601 North Ocean Drive, Jupiter, Florida 33477
Tel: 747-1134 Fax: 743-2724



CERTIFICATE OF LIABILITY INSURANCE

OP ID DP
LAZYL-1DATE (MM/DD/YYYY)
05/17/10

| | | | |
|--|--|---|--------|
| PRODUCER Atlantic Pacific Insurance-PBG 11382 Prosperity Farms Rd #123 Palm Beach Gardens FL 33410 Phone: 800-538-0487 Fax: 561-626-3153 | | 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. | |
| INSURED Lazy Loggerhead Cafe 11518 Landing Place #D2 No Palm Beach FL 33408 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Old Dominion Insurance Co. | 40231 |
| | | INSURER B: Florida Retail Federation | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|-------------------------|---|---------------|---------------------------------------|--|---|
| A X | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | BPG91204 | 08/28/09 | 08/28/10 | EACH OCCURRENCE \$ 1000000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500000 | | | | |
| | | | | | MED EXP (Any one person) \$ 5000 |
| | | | | | PERSONAL & ADV INJURY \$ 1000000 |
| | | | | | GENERAL AGGREGATE \$ 2000000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2000000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |
| A | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ | CUG91204 | 09/22/09 | 08/28/10 | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ 1,000,000 |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below | 520-25942 | 09/25/09 | 09/25/10 | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | | | | E.L. EACH ACCIDENT \$ 1000000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1000000 |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ 1000000 |
| A | OTHER Property Section | BPG91204 | 08/28/09 | 08/28/10 | |

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

Certificate holder is additional insured regarding the restaurant operations of the insured.

CERTIFICATE HOLDER

CANCELLATION


| | |
|--|---|
| Palm Beach County Board of County Commissioners Officers, Agents and Employees 2700 6th Ave. So. Lake Worth FL 33461 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 (2009/01)

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DIVISION OF CORPORATIONS



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Fictitious Name Detail

Fictitious Name

LAZY LOGGERHEAD CAFE

Filing Information

| | |
|---------------------|--------------|
| Registration Number | G04126700126 |
| Status | ACTIVE |
| Filed Date | 05/05/2004 |
| Expiration Date | 12/31/2014 |
| Current Owners | 2 |
| County | PALM BEACH |
| Total Pages | 2 |
| Events Filed | 1 |
| FEI/EIN Number | NONE |

Mailing Address

11518 LANDING PLACE, APT D2
NORTH PALM BEACH, FL 33408

Owner Information

WILSON, BRIAN E
11518 LANDING PLACE D2
NORTH PALM BEACH, FL 33408
FEI/EIN Number: NONE
Document Number: NONE

WILSON, JENNIFER G
11518 LANDING PLACE D2
NORTH PALM BEACH, FL 33408
FEI/EIN Number: NONE
Document Number: NONE

Document Images

| | |
|----------------------------|---|
| 05/05/2004 -- REGISTRATION | <input type="button" value="View image in PDF format"/> |
| 06/15/2009 -- RENEWAL | <input type="button" value="View image in PDF format"/> |

Note: This is not official record. See documents if question or conflict.

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The Seal of the State of Florida is a circular emblem. It features a central figure of a woman standing on a small island, holding a torch aloft in her right hand and a scroll in her left. The scroll contains the word 'CONSTITUTION'. The background of the seal is filled with various symbols of Florida's history and nature, including a palm tree, a ship, and a landscape. The words 'GREAT SEAL OF THE STATE OF FLORIDA' are inscribed around the top inner edge, and 'IN GOD WE TRUST' is inscribed around the bottom inner edge.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REGISTRATION # **G04126700126**

NORTH PALM BEACH FL 33408-3259

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

City _____ State _____ Zip Code _____

G04126700126

☐ CHECK HERE IF MAKING CHANGES

CR4E003 (3/09)

3. County of Principal Place of Business

PALM BEACH

4. Date Registered

05/05/2004

5. Certificate of Status Desired

☐ \$10 Additional Fee Required

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 6. CURRENT OWNER (S) | | 7. ADDITIONS / CHANGES TO OWNERS | |
|--|--|--|--|
| DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE WILSON BRIAN E 11518 LANDING PLACE D2 NORTH PALM BEACH FL 33408 | DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition G09000120791 05/16/03 - 01/04/03 **50.00 |
| DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE WILSON JENNIFER G 11518 LANDING PLACE D2 NORTH PALM BEACH FL 33408 | DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE <i>JD 6/23</i> | DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)

Signature of Owner

Date _____

Email address: (to be used for future renewal notification)

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 5/17/2010

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

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: Carlin Park Food Concession Option 1 of 3

PROJECT NO.: 2010-5.012

| Fiscal Years | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|--------------|---------------|-------|-------|-------|
| Capital Expenditures | _____ | _____ | _____ | _____ | _____ |
| Operating Costs | _____ | _____ | _____ | _____ | _____ |
| External Revenues | <\$5,624.32> | <\$61,867.52> | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | <\$5,624.32> | <\$61,867.52> | ===== | ===== | ===== |
| # ADDITIONAL FTE POSITIONS (Cumulative) | _____ | _____ | _____ | _____ | _____ |

*** 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: 5405

OBJ: 4729
SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES ☒ NO ☐

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: 05/18/10

ENCUMBRANCE NUMBER:

RECEIVED

MAY 19 2010