

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

Meeting Date: July 10, 2012 **Consent** **Regular**
 Ordinance **Public Hearing**

Department: Facilities Development & Operations

I. EXECUTIVE BRIEF

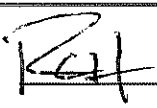
Motion and Title: Staff recommends motion to receive and file: a notice of exercise of the third option to extend the term of the Concessionaire Service Agreement (R2007-1109) with Brian E. Wilson and Jennifer G. Wilson, Joint Venture, d/b/a Lazy Loggerhead Café, for the continued use of the concession building at Carlin Park in Jupiter for \$72,999.17/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 Lazy Loggerhead Café is now exercising the third of three (3) one (1) year term extension options for the period of September 1, 2012, to August 31, 2013. The guaranteed annual rent will be increased by four percent (4%) from \$70,191.51 (\$5,849.29/month) to \$72,999.17 (\$6,083.26/month) effective September 1, 2012. The Parks and Recreation Department is satisfied with the Lazy 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 Lazy 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)

Background and Justification: The Agreement was approved on July 10, 2007 (R2007-1109). The first option was exercised on July 20, 2010 (R2010-1115). The second option was exercised on July 19, 2011 (R2011-1026). Exercise of this third option will extend the term through August 31, 2013.

Attachments:

- 1. Location Map
- 2. Letter from Lazy Loggerhead Café dated April 17, 2012, exercising option
- 3. Budget Availability Statement

Recommended By:  Amy Wolf 6/17/12
Department Director Date

Approved By:  7/10/12
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$6,083)	(\$66,916)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	(\$6,083)	(\$66,916)	\$ -0-	\$ -0-	\$ -0-
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes No

Budget Account No: Fund 0001 Dept 580 Unit 5405 OBJ 4729
SUB OBJ 03

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

Current guaranteed annual rent of \$70,191.51 (\$5,849.29/month) will increase 4% to \$72,999.17 (\$6,083.26/month) for the 9/1/2012 – 8/31/2013 option period.

C. Departmental Fiscal Review: *[Signature]* 6-19-12

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

OFMB <u> <i>[Signature]</i> </u> 6/21/12 cc: [unclear]	<u> <i>[Signature]</i> </u> 6/27/12 Contract Development and Control 6-27-12 <i>[Signature]</i>
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B. Legal Sufficiency:

 [Signature] 6/21/12
Assistant County Attorney

C. Other Department Review:

Department Director

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

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TEQUESTA

JUPITER INLET COLONY

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JUPITER DUNES GOLF COURSE

JUPITER

04

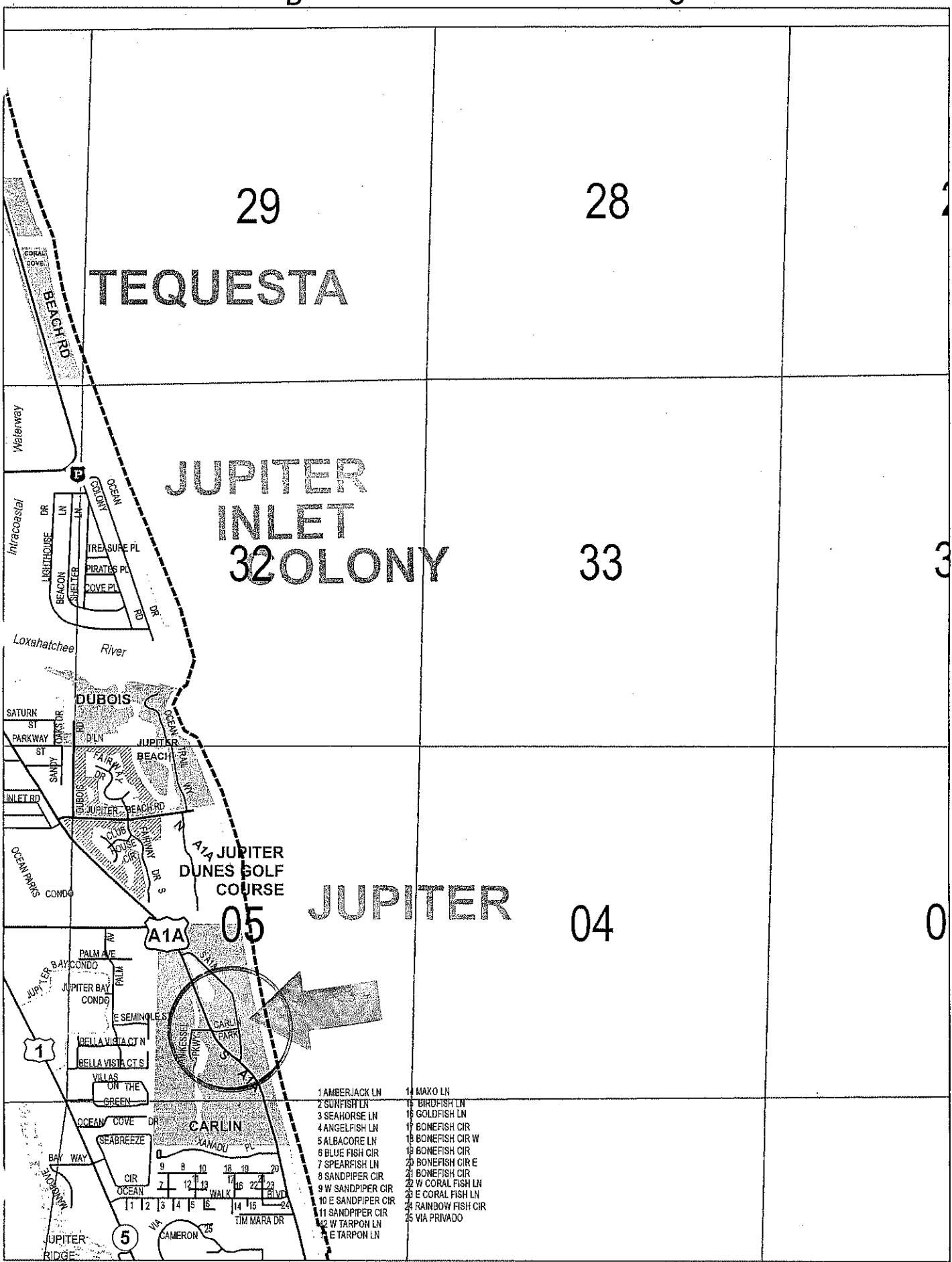
05

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- 1 AMBERJACK LN
- 2 SUNFISH LN
- 3 SEAHORSE LN
- 4 ANGELFISH LN
- 5 ALBACORE LN
- 6 BLUE FISH CIR
- 7 SPEARFISH LN
- 8 SANDPIPER CIR
- 9 W SANDPIPER CIR
- 10 E SANDPIPER CIR
- 11 SANDPIPER CIR
- 12 W TARPON LN
- 13 E TARPON LN
- 14 MAKO LN
- 15 BIRDFISH LN
- 16 GOLDFISH LN
- 17 BONEFISH CIR
- 18 BONEFISH CIR W
- 19 BONEFISH CIR
- 20 BONEFISH CIR E
- 21 BONEFISH CIR
- 22 W CORAL FISH LN
- 23 E CORAL FISH LN
- 24 RAINBOW FISH CIR
- 25 VIA PRIVADO



See pg 16

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LOCATION MAP





17 April 2012

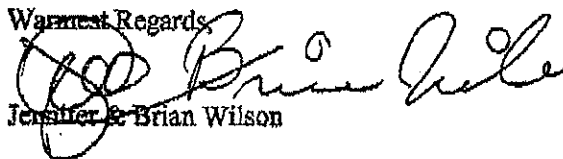
2700 6th Avenue South
John Prince Park
Lake Worth, Florida 33461

Dear John:

Please accept this letter as formal notice of our intent to renew our contract for an additional year, beginning September 1, 2012 through September 1, 2013 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

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 4/27/2012

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

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: Carlin Park Food Concession Option 3 of 3

PROJECT NO.: 2012-5.011

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$6,083.26>	<\$66,915.86>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u><\$6,083.26></u>	<u><\$66,915.86></u>	_____	_____	_____
# 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

OBI: 4729
SUB OBJ: 03

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: 04/27/12

ENCUMBRANCE NUMBER:



CERTIFICATE OF LIABILITY INSURANCE

LAZYL-1

OP ID: DP

DATE (MM/DD/YYYY)

06/30/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Atlantic Pacific Insurance-PBG 11382 Prosperity Farms Rd #123 Palm Beach Gardens, FL 33410 James Newman		800-638-0487 561-626-3153	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:
INSURED Lazy Loggerhead Cafe 11518 Landing Place #D2 North Palm Beach, FL 33408		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Old Dominion insurance Co.	
		INSURER B: Florida Retail Federation	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC# 40231	



COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR UVRD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROTECT <input type="checkbox"/> LOC	X	BPG91204	08/28/11	08/28/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$		CUG91204	08/28/11	08/28/12	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	520-25942	09/25/11	09/25/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Section		BPG91204	08/28/11	08/28/12	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is additional insured regarding the restaurant operations of the insured.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners Officers, Agents and Employees 2700 8th Ave. So. Lake Worth, FL 33461	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
Previous on List	Next on List	Return to List	Fictitious Name Search		
Filing History	<input type="button" value="Submit"/>				
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.					
Previous on List	Next on List	Return to List	Fictitious Name Search		
Filing History	<input type="button" value="Submit"/>				
Home Contact us Document Searches E-Filing Services Forms Help					
Copyright © and Privacy Policies State of Florida, Department of State					

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/09**

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G04126700126**

1. Name and Mailing Address

0031557 01 AV 0.335 **AUTO H1 0 0606 33408-325942



**LAZY LOGGERHEAD CAFE
11518 LANDING PLACE, APT D2
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

FILED
09 JUN 15 AM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

6. CURRENT OWNER (S)		7. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI # NAME STREET ADDRESS CITY-ST-ZIP	WILSON BRIAN E 11518 LANDING PLACE D2 NORTH PALM BEACH FL 33408	FEI # NAME STREET ADDRESS CITY-ST-ZIP	G09000120791 06/16/09--01048--003--**50.00
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI # NAME STREET ADDRESS CITY-ST-ZIP	WILSON JENNIFER G 11518 LANDING PLACE D2 NORTH PALM BEACH FL 33408	FEI # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI # NAME STREET ADDRESS CITY-ST-ZIP	<i>JD 6/23</i>	FEI # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	<input type="checkbox"/> DELETE	DOCUMENT #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI # NAME STREET ADDRESS CITY-ST-ZIP		FEI # NAME STREET ADDRESS CITY-ST-ZIP	

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)

duke and jen @ comcast.net

Below is information on the justification for the figures listed on the attached BAS for the 3rd (of 3) one-year renewal options for the period of 9/1/2012 – 8/31/2013 for the Concessionaire Services Agreement with Brian E. Wilson & Jennifer G. Wilson, Joint Venture, d/b/a Lazy Loggerhead Café at Carlin Park’s concession building in Jupiter.

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<u>\$6,083.26</u>	<u>\$66,915.86</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$6,083.26</u>	<u>\$66,915.86</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

FY12:

- The Agreement is scheduled to expire on 8/31/2012.
- The current guaranteed annual rent paid is \$70,191.51 (\$5,849.29 per month).
- The guaranteed annual rent for the 3rd renewal option period of 9/1/2012 – 8/31/2013 will increase 4% to \$72,999.17 (\$6,083.26 per month).
- For FY12, only one (1) month (September 2012) will be included.

FY12 TOTAL = \$6,083.26

FY13:

- For FY13, eleven (11) months (October 2012 – August 2013) @ \$6,083.26 per month.

FY13 TOTAL = \$66,915.86

FY14 – FY16:

- n/a.