



DATE/TIME RECEIVED:

**TOWN OF LAKE PARK  
COMMUNITY DEVELOPMENT 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 Community Development Director at least 60 days in advance of your event by calling 561-881-3319.

**\*This Application must be completed and submitted by the Event Organizer ("Applicant")\***

**Instructions:**

This completed Special Event Permit Application and all relevant attachments must be submitted to the Community Development Department not less than twenty-one **(21) 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):**

\_\_\_\_\_

**Name of Event:**

\_\_\_\_\_

\_\_\_\_\_

**Address/Location of Event:**

\_\_\_\_\_

**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.**

**Dates/Times of the event (as applicable):**

	Date	Day	Begin Time	End Time
Event Day 1	_____	_____	( )AM ( ) PM _____	( ) 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: \_\_\_\_\_

Address: \_\_\_\_\_

State/Zip \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

**Description and Purpose of the Event**

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Estimated number of participants? \_\_\_\_\_

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
- \_\_\_ 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
- \_\_\_ Town litter pick-up or street sweeping
- \_\_\_ Tents (if yes, describe type and size \_\_\_\_\_)
- \_\_\_ 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 \_\_\_\_\_)
- \_\_\_ 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)**

_____	_____
_____	_____
_____	_____
_____	_____

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, 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.***

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

Special Event Permit Application

Revised: December 2019

Previous Editions Obsolete

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:**

**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:** *(If applicable)*

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PUBLIC WORKS DIRECTOR:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**MARINA DIRECTOR:** *(If applicable)*

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PALM BEACH COUNTY SHERIFF:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PALM BEACH COUNTY FIRE-RESCUE:**

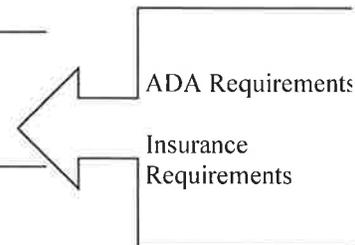
\_\_\_\_\_ **DATE:** \_\_\_\_\_

**RISK MANAGEMENT:** *(If applicable)*

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**CODE COMPLIANCE OFFICER:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_



**COMMUNITY DEVELOPMENT DIRECTOR:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**Additional Comments (reviewers may include attachments):**

**APPLICANT SIGNATURE:** \_\_\_\_\_

**APPLICANT PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROPERTY OWNER PRINTED NAME:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

## COMMUNITY DEVELOPMENT SPECIAL EVENT CHECKLIST

**\*\*All events proposed on Town property must FIRST be secured through the Special Events Department either by visiting Town Hall or by calling 561-840-0160)\*\***

- Special Event Application -
- Signage Application (including 2 sets of visuals illustrating the proposed signage and location maps indicating the proposed sign location) - *\$100 weekly fee applies*

### The Community Development Special Event Application must include ALL of the following items upon submittal:

- A detailed aerial image/location map of the event, including vendor booth locations and detailed descriptions of any entertainment and/or recreational venues
- Insurance Certificate with the Town of Lake Park listed as certificate holder. LIMITS: General Liability \$1,000,000 per occurrence; Aggregate \$2,000,000; \$100,000 Damage to Premises; Liquor Legal Liability (if applicable) \$1,000,000 (*certificates shall be current and not be dated more than 30 days from the event date*). **Event organizer is responsible for securing all vendor insurance certificates pursuant to the above limits.**
- (IF APPLICABLE)** A Maintenance of Traffic (MOT) Plan signed and sealed by a certified Engineer, shall include:
  - (1) An aerial image of the event site and immediate surrounding area;
  - (2) Traffic circulation plan surrounding the event site, including commercial parking lots affected by the road closure;
  - (3) Barricade locations;
  - (4) Detour signage details and locations;
  - (5) A copy of the notification correspondence sent at least 14 days in advance of the event to all business AND property owners adjacent to the event area;
  - (6) A copy of the notification correspondence sent at least 14 days in advance of the event to Palm Tran
- A detailed description of the Palm Beach County Fire Rescue Services being requested
- A detailed description of the event *security* being provided and/or law enforcement services being requested.
- A detailed description of restroom locations and # being provided.
- A detailed description of Public Works support being requested. This shall include any electrical/trash/water/barricade support (*additional labor-related fees will apply and shall be determined based on request*)
- A detailed description of all tents being used for the event. If each tent is larger than 10 feet x 10 feet, a Certificate of Flame Resistance for each tent must be submitted.



PERMIT #: \_\_\_\_\_

**APPLICATION FOR:**

- WINDOW SIGNAGE
- PARKING SIGNAGE

- NEW SIGN
- FACE CHANGES (ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)
- TEMPORARY SIGNAGE

**Job Address:** \_\_\_\_\_

**PCN#** \_\_\_\_\_

**Estimated Value of Signage \$** \_\_\_\_\_

**Description of Signage** *(Include TWO copies of visuals depicting location and size)*

\_\_\_\_\_

\_\_\_\_\_

**Owner** (Required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (REQUIRED)

**Tenant** ( Check if same as owner)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (REQUIRED)

**Authorized Agent** (If applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contractor** (If applicable)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (REQUIRED)

Email Address: \_\_\_\_\_ (REQUIRED)

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



PERMIT #: \_\_\_\_\_

## TERMS

- APPLICANT IS HEREBY REQUIRED TO OBTAIN A BUILDING PERMIT TO INSTALL SIGNAGE AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK BE PERFORMED TO MEET THE STANDARDS OF ALL CODES, LAWS, RULES, AND REGULATIONS IN THIS JURISDICTION. IF THE INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT, THREE TIMES THE AMOUNT OWED WILL BE ASSESSED.
- ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS **FEES ARE NOT REFUNDABLE**
- THIS PERMIT IS VOID AFTER 180 DAYS OR THE TIME LIMIT SET FOR ANY INDIVIDUAL SIGNAGE PERMIT, AS IS DETERMINED BY THE TOWN CODE OF ORDINANCES. ALL CONTRACTORS MUST HAVE VALID STATE CERTIFICATION OR COUNTY COMPETENCY PLUS COUNTY AND CITY BUSINESS TAX RECEIPTS PRIOR TO OBTAINING A PERMIT.
- ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

### SINAGE FEE CALCULATION

**Type of Signage**

Windows Signage:	\$50.00
Temporary Signage:	\$100.00
All other signage:	\$100.00 up to \$3,000 value or \$200 if more



PERMIT #: \_\_\_\_\_

**TENANT OR AGENT OR OWNER**    **Box 1**    *(If tenant or agent applies see Box 3)*  
**CONTRACTOR**    **Box 2**    *(Attach copy of contract if Box 1 is not signed by owner)*  
**OWNER AFFIDAVIT**    **Box 3**    *(Only use if tenant/agent applies on owners behalf)*

I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning. I understand that I am taking full responsibility and am liable for all work related to this permit. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

**1                    TENANT OR AGENT OR OWNER**

\_\_\_\_\_  
**Signature of Tenant or Agent or Owner (CIRCLE ONE)**

\_\_\_\_\_  
**Print Name**

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

( ) who has produced as identification  
 ( ) whom I know personally

STATE OF FLORIDA  
 PALM BEACH COUNTY

(Seal)

**2                    CONTRACTOR**

\_\_\_\_\_  
**Signature of Contractor (IF APPLICABLE)**

\_\_\_\_\_  
**Print Name**

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

( ) who has produced as identification  
 ( ) whom I know personally

STATE OF FLORIDA  
 PALM BEACH COUNTY

(Seal)

**3                    OWNER COMPLETE AND SIGN BELOW IF TENANT OR AGENT APPLIES ON OWNERS BEHALF**

**OWNER AFFIDAVIT**

I, \_\_\_\_\_ ("Property Owner"), of \_\_\_\_\_ ("Applicant"), ("Address"), authorize \_\_\_\_\_ to apply for and receive a signage permit for my property located at \_\_\_\_\_. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

\_\_\_\_\_  
**Signature of Owner**

STATE OF FLORIDA  
PALM BEACH COUNTY

(Seal)

\_\_\_\_\_  
**Print Name**

SWORN TO OR AFFIRMED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By: \_\_\_\_\_

who has produced as identification     whom I know personally



**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*

*Serving you.*

Sec. 17-17 of PBC Ordinance No. 72-7.

No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

[www.pbctax.com](http://www.pbctax.com)



**Application For Palm Beach County Local Business Tax Receipt**

**#1: BUSINESS INFORMATION** (To be completed by applicant):

**\*\*Instructions & checklist on reverse side\*\***

Check Applicable Box:  New Business  Transfer of Address  Transfer of Ownership  Business Name Change  
 Other \_\_\_\_\_

Existing PBC LBTR # (if applicable): \_\_\_\_\_

Corporation/Business Name: \_\_\_\_\_

Fictitious/DBA/Trade Name: \_\_\_\_\_  
Division of Corporations requires registration of a fictitious name. Submit copy of registration with this application.

Owner/Applicant Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ **\*\*OR\*\*** Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant/Business Start Date at Location: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Mailing Address (if different above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ **\*\*OR\*\*** Profession: \_\_\_\_\_  
(Landscape, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Maximum Number of: Employees: \_\_\_\_\_ Machines: \_\_\_\_\_ Rooms: \_\_\_\_\_ Restaurant seating: \_\_\_\_\_

Were you issued a Notice of Non-Compliance? Yes \_\_\_\_\_ No \_\_\_\_\_

**I certify, under penalty of law, that the above information is true and correct, and I understand that any false statements could result in penalties as provided by law.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Agent, Owner, Rep.)

**#2: PLEASE NOTE: ZONING APPROVAL MUST BE COMPLETED PRIOR TO APPLICATION SUBMITTAL** **\*\*See reverse side for details on zoning\*\***

Municipal/City Zoning Approval: \_\_\_\_\_ Title: \_\_\_\_\_  
Additional Fees May Apply

Unincorporated Zoning Approval/Planning Zoning & Building Approval: \_\_\_\_\_ Title: \_\_\_\_\_

PCN: \_\_\_\_\_ ePZB Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Control Number: \_\_\_\_\_ Resolution Number: \_\_\_\_\_

Use pursuant to the PBC ULDC Article 4 supplementary use standards: \_\_\_\_\_

PZ&B - Check box if approval from department is required***		Regulator Signature required on line, when approval has been granted***	
<input type="checkbox"/> Zoning (U No.) _____	<input type="checkbox"/> Fire Marshall _____	<input type="checkbox"/> Health Department _____	<input type="checkbox"/> Hotel & Restaurant _____
<input type="checkbox"/> Compliance _____	<input type="checkbox"/> Prior Use of Bay/Bldg. _____	<input type="checkbox"/> Cnty Home Based Affidavit _____	
<input type="checkbox"/> Building _____			
<input type="checkbox"/> NAICS Code _____			
<input type="checkbox"/> Other _____			

**FOR TCO OFFICE USE ONLY**

LBTR#/Account #: \_\_\_\_\_ State/County License Cert #: \_\_\_\_\_

CSS / SCSS: \_\_\_\_\_ Date: \_\_\_\_\_ Field Service Approval: \_\_\_\_\_

NAICS Code \_\_\_\_\_ TOTAL FEE DUE: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_



**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*

**Serving you.**

Sec. 17-17 of PBC Ordinance No. 72-7.

No business tax receipt shall be issued until applicable county and state laws are complied with including, but not limited to, building, zoning, construction industry licensing, fire control and health.

[www.pbctax.com](http://www.pbctax.com)



## Application Requirement Guide for Local Business Tax Receipt

### APPLICATION REQUIREMENT GUIDE (CHECKLIST)

**\*\*Please complete application on reverse side.\*\***

- COMPLETE APPLICATION (box #1 on reverse side)**
- ATTACH A COPY OF FICTITIOUS NAME REGISTRATION (if applicable):** [www.sunbiz.org](http://www.sunbiz.org)
- OBTAIN ZONING APPROVAL from the following (box #2 on reverse side):**
  - Municipal/City Business Tax Receipt (If business is located within city limits, submit this application to the city for zoning approval).
  - Unincorporated - Palm Beach County Zoning Approval (If business is located in unincorporated Palm Beach County) submit this application to Palm Beach County Planning, Zoning & Building for approval [2300 N. Jog Rd. West Palm Beach-Vista Center (561-233-5200)].
  - Unincorporated Home Based Business - Form #103 must be completed.
- COPIES OF STATE OR COUNTY CERTIFICATIONS/LICENSE (if applicable):**
  - Dept. of Business and Professional Regulation ..... (850) 487-1395
  - Palm Beach County Dept. of Health ..... (561) 840-4500
  - State of Florida Dept. of Health ..... (850) 488-0595
  - Palm Beach County Construction Industry Licensing Board ..... (561) 233-5525
  - State of Florida, Dept. of Agriculture and Consumer Services ..... (800) 435-7352
  - Florida Division of Hotel & Restaurants ..... (850) 487-1395
  - Florida Office of Financial Regulation ..... (850) 410-9805

NOTE: Price quotes are only valid if received and posted in the Tax Collector's Office within the same month of quote.

**This receipt is in addition to and not in lieu of any license or receipt required by law or city ordinance and is subject to regulations of zoning, health and any other lawful authority Section 17-17 of Palm Beach County Ordinance No. 72-7.**

For more information, call (561) 355-2264 or visit our website at [www.pbctax.com](http://www.pbctax.com).

**Mail completed application to:**  
 Palm Beach County Tax Collector  
 Attn: Business Tax Department  
 P.O. Box 3715  
 West Palm Beach, FL 33402-3715

**Visit any of these locations with the completed application:** (Monday - Friday 8:15 am to 5:00 pm)

**Belle Glade Service Center**  
 PBC Glades Office Building  
 2976 State Road 15  
 Belle Glade, FL

**Central Palm Beach Service Center**  
 4215 South Military Trail  
 Lake Worth, FL

**Royal Palm Beach Service Center**  
 200 Civic Center Way  
 Royal Palm Beach, FL

**Delray Beach/South County Service Center**  
 501 South Congress Ave  
 Delray Beach, FL

**Palm Beach Gardens/NE County Courthouse Service Center**  
 3188 PGA Blvd  
 Palm Beach Gardens, FL

**West Palm Beach/Downtown Service Center**  
 301 North Olive Avenue, Room #101  
 West Palm Beach, FL