

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2006	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<u>(1,826)</u>	<u>(21,987)</u>	<u>(22,866)</u>	<u>(23,781)</u>	<u>(24,732)</u>
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(1,826)</u>	<u>(21,987)</u>	<u>(22,866)</u>	<u>(23,781)</u>	<u>(24,732)</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____

Budget Account No: Fund 0001 Dept 410 Unit 4240 RSRC 6225
 Program N/A

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

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

[Signature] 6/28/06
 OFMB
 6/28/06

[Signature] 6/29/06
 Contract Development and Control
 6/29/06

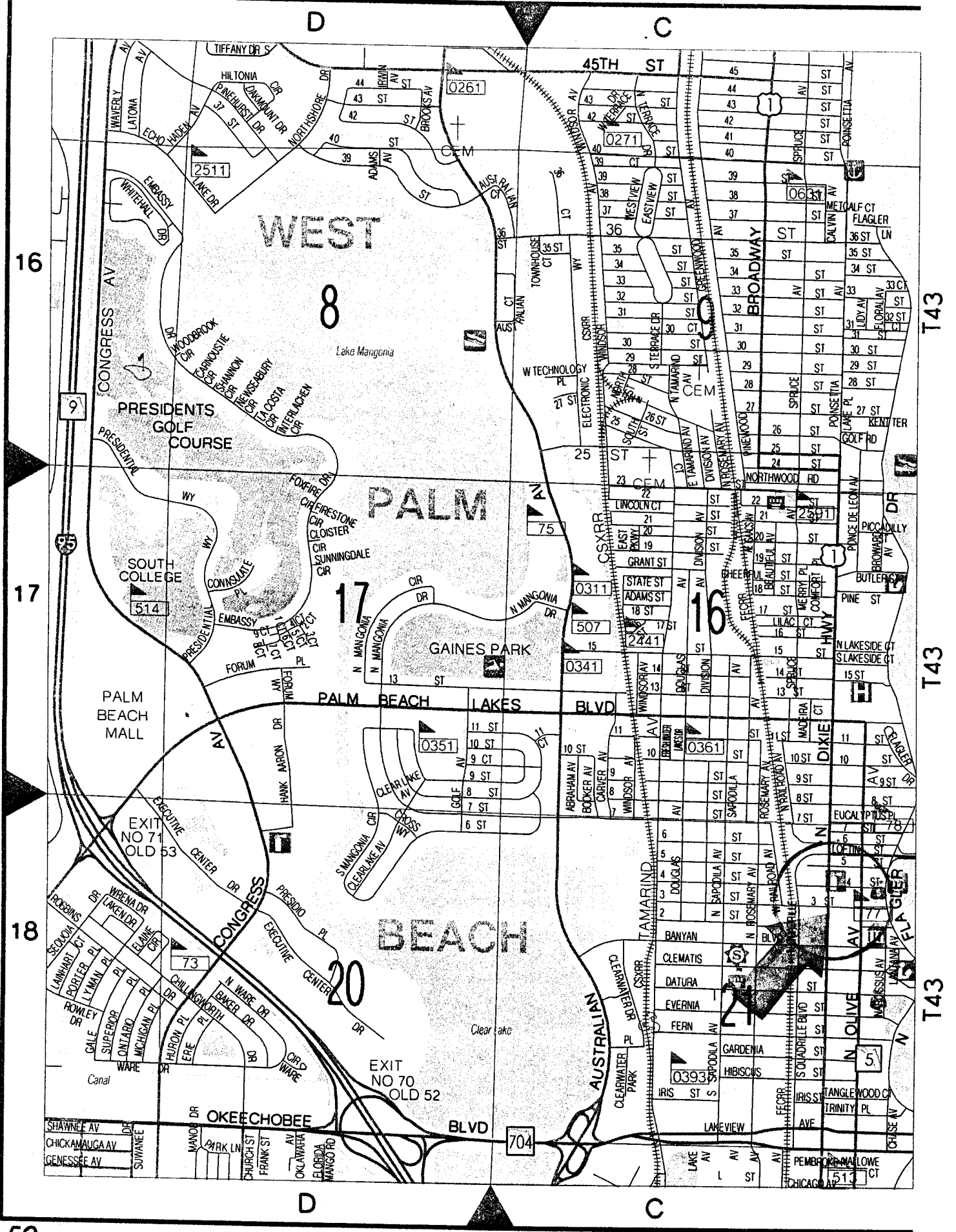
B. Legal Sufficiency:

[Signature] 6/30/06
 Assistant County Attorney

C. Other Department Review:

 Department Director

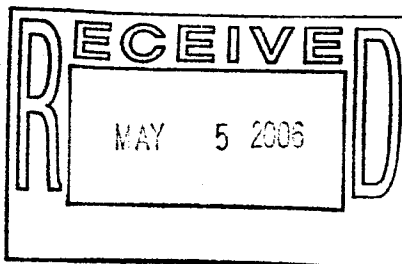
This summary is not to be used as a basis for payment.



LOCATION MAP

ATTACHMENT #1





VIA CERTIFIED MAIL

January 5, 2006

Palm Beach County Board of County Commissioners
Property & Real Estate Management
Larry J. Helmich, CPM
3200 Belvedere Road, Bldg. 1169
West Palm Beach, Florida 33406


RE: LJL Food Management Inc., dba Tina's Café

Dear Larry:


Please accept this as a written request asking for the County to grant LJL Food Management Inc., dba Tina's Café an option to renew the Term of the Lease for one (1) period of Five (5) years (the "Renewal Term"), under the same terms and conditions of this Lease and commencing upon the expiration of the initial Term of the Lease as specified in The Lease Agreement under Section 1.01.

Should you have any questions, please feel free to contact us either by E-Mail (eb@fcohenlaw.com) or by phone (561)719-4144

Thanking you in advance,



Katina Bikos, Owner



Petro Bikos, Owner

ATTACHMENT #2

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KH
TINAS-1

DATE (MM/DD/YYYY)
01/04/06

PRODUCER
First Florida Insurance, LLC
825 Parkway Plaza
Suite 31
Jupiter FL 33477
Phone: 561-743-5688 Fax: 561-743-5735

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

Tina's Cafe
LJL Food Mgmt, Inc. d/b/a
215 N Olive Avenue
West Palm Beach FL 33401

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Lloyds of London**
INSURER B: **Summit**
INSURER C: **Burlington Insurance**
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	535B008461	11/09/05	11/09/06	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 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		RECEIVED JAN 08 2006		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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<i>spoke to Ruth</i> BINDER 1/9/06 @ 1220 520 348 58	11/09/05	11/09/06	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
A		OTHER Property Section	BUF9357	11/09/05	11/09/06	Imp & Bet 178900 Contents 50000

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

Certificate holder is listed as an additional insured with regard to general liability coverage. RE: 215 N. Olive Ave, WPB, FL 33401 - Plate glass coverage included with a \$5,000 limit. Revised certificate - supercedes any previously issued certificate

CERTIFICATE HOLDER

PALEBCBO

Palm Beach County BOC
Property & Real Estate Mgmt
Director
3200 Belvedere Rd Bldg 1169
West Palm Beach FL 33406

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

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date prepared: November 29, 2005

Form no. WC 99 04 03
(12/01)

Fund: Florida Retail Federation Self Insurers Fund

Effective date of attachment: November 9, 2005

Member Number: 520-34858

FEIN: 65-0746944

Member:

L J L Food Management, Inc.
DBA: Tina's Cafe
215 N. Olive Avenue, Suite 110
West Palm Beach, FL 33401

Physical address:

215 N. Olive Avenue, Suite 110
West Palm Beach, FL 33401

INTENT: PREMIUM DUE DATE ATTACHMENT

This attachment is made a part of the Agreement for Participation in the Florida Retail Federation Self Insurers Fund.

You will pay all premium, including audit and retrospective premiums, when due as set forth by the billing. You will pay the premium even if part or all of a workers compensation law is not valid.

This attachment changes the agreement to which it is attached and is effective on the date issued unless otherwise stated.

vjy

Countersigned by:

Gregory P Barber

Date: November 29, 2005

cc: Tina's Cafe

First Florida Insurance 7447

Mr. Jeff M. Platz
First Florida Insurance
825 Parkway Plaza, Suite 31
Jupiter, FL 33477

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