

City of Titusville
P.O. Box 2806, (32781-2806)
555 S. Washington Avenue
Titusville, FL 32796
Phone: 321-567-3676, Fax: 321-267-3711
Email: Kristin.asbury@titusville.com



CITY OF TITUSVILLE SPECIAL EVENT PERMIT APPLICATION

Special event permits are required for any occasion or event including but not limited to exhibitions, celebrations, festivals, shows and any event that is not a normal function of any location or on public owned property.

PLEASE SUBMIT A DETAILED SITE PLAN, SCHEDULE OF EVENTS AND TEMPORARY TRAFFIC CONTROL (TTC) WITH EACH APPLICATION IF REQUIRED. A LIFE SAFETY PLAN MUST BE SUBMITTED FOR CLASS A AND B EVENTS.

NOTE: Class A and B Permit applications must be submitted 60 days prior to the event. Class C Permit applications must be submitted 30 days prior to the event.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Name of Event: _____

Dates of Event: _____

Event Location: _____

Type of Event: _____

(Examples: outside beer/alcohol, concessions, amplified entertainment, festival, concert, contest, competition, dance, cultural, arts/crafts, car show, parade, block party, wedding)

Describe the activities: _____

Applicant's Name: _____

Contact Number: _____ Email: _____

Is the event open to the public? Yes No

Will alcoholic beverages be served/sold by the applicant or vendors? Yes No

(If sold, State of Florida Department of Business and Professional Regulation Form ABT-6003 must be submitted.)

Is a non-profit organization sponsoring the Special Event? Yes No

Please indicate the number of each tent, ride, booths, and food concessions:

Amusement Rides:	Booths:	Food Concessions:
Fireworks Display:	Fair/Festival:	Carnival/Circus:
Outside Music:	Parade/Race:	Food Trucks:

Note: Food Concession, Food Truck and Firework Display require inspection from the Fire Marshall. Please call 321-567-3794 to schedule an inspection.

Temporary Tent(s) (required for tents with sides): Size: _____

Temporary Stage(s): Size: _____

Others: _____

If outside musical entertainment is to be part of the proposed activity, please describe the planned musical entertainment and amplification system to be used: _____

Length of time amusement/display/entertainment is to be operated:

Hours of Operation	From	To	# of Spectators
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

City Services Requested: Water hook-up: _____ Location: _____

 Electrical hook-up: _____ Location: _____

 Garbage: _____

 Police: _____

 Fire/EMS: _____

(For Police & Fire services, please submit Off-Duty Employment Form included in this package.)

Road closure for public, private roadways must submit a Temporary Traffic Control (TTC) Plan with the completed Special Event application.

For State Road Closure Form 850-040-65, State of Florida Department of Transportation Temporary Closing of State Road Permit must be submitted (included in this package).

Location to be closed: _____

Time of closure: From: _____ To: _____

**CITY OF TITUSVILLE
STREET CLOSING**

Day, date, and time of closing: _____ A.M. P.M.

Day, date, and time of opening: _____ A.M. P.M.

Street name and direction: _____

Detour (if any): _____

Department/Agency doing the work: _____

NOTIFY THE FOLLOWING DEPARTMENTS/AGENCIES BY FAX:

Brevard County Fire/Emergency Services	321-633-2057
Brevard County School Board Transportation	321-264-3055
Brevard County Sheriff's Office	321-264-5067
Space Coast Area Transit (SCAT bus)	321-633-1905
Titusville Building Department	321-267-3711
Titusville Fire Department	321-383-5703
Titusville Police Department	321-264-7832
Titusville Public Works	321-383-5705
Titusville Solid Waste Recycling Division	321-383-5759
Titusville Water Resources Department	321-383-5653
United States Post Office	321-267-3596
Jim Thomas (Channel 99)	321-383-6704
Florida Today (Road Watch)	321-242-6620

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity

Approving Local Government _____	Contact Person _____
Telephone _____	Email _____

Organization Requesting Special Event

Name of Organization _____	Contact Person _____
Telephone _____	Email _____

Description of Special Event

Event Title _____	Date of Event _____
Start Time _____	End Time _____
Event Route (attach map) _____	

Detour Route (attach map) _____	

Law Enforcement Agency Responsible for Traffic Control

Name of Agency _____

US Coast Guard Approval for Controlling Movable Bridge

Not Applicable <input type="checkbox"/>
Copy of USCG Approval Letter Attached <input type="checkbox"/>
Bridge Location _____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator _____	Signature _____	Date _____
Law Enforcement Name/Title _____	Signature _____	Date _____
Government Official Name/Title _____	Signature _____	Date _____

FDOT Special Conditions

FDOT Authorization

Name/Title _____	Signature _____	Date _____
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**TITUSVILLE POLICE DEPARTMENT
OFF-DUTY EMPLOYMENT FORM**

NOTICE TO PRIVATE EMPLOYER

Employers who hire a Titusville police officer for enforcement-related off-duty employment must recognize that the primary duty, obligation, and responsibility of the officer is to the Titusville Police Department. A police officer is subject to call at any time for emergencies, special assignments, or overtime duty, and no off-duty employment shall infringe on this obligation.

There will be no illegal activity on the premises, approved by the owner or not, while a police officer is assigned to duty.

During the course of the officer's enforcement-related off-duty employment, the Titusville Police Department may make reasonable inquiries of the officer to ensure that his or her off-duty employment does not constitute a conflict of interest or interfere with the officer's primary duties as a law enforcement officer. The employer consents to the release of the officer's work-related records if requested by the Police Department. A supervisor of the Titusville Police Department may visit the off-duty location at any time to ensure that Departmental Policies are being adhered to.

During the course of the officer's enforcement-related off-duty employment, the law enforcement officer must make any law enforcement decisions.

The private employer assumes the responsibility for the prompt payment for services rendered by Titusville Police officers upon receipt of billing from the City. **Employers will be required to hire off-duty police officers for a minimum of four (4) hours. Individual private citizens must make payment at the time of submission of the contract. Private businesses/employers requesting services for a one-time event must also make payment at the time of submission of the contract.**

The City of Titusville will provide Worker's Compensation coverage for an officer working an enforcement-related off-duty job. The Worker's Compensation coverage will be based on the officer's normal (City) salary.

Employers recognize that the City may not be able to supply officers for all hours requested by the employer and the City assumes no liability or responsibility to provide officers if they are not available when requested by the employer. Employer will not be billed for requested days/hours officers cannot work.

ACCEPTANCE OF CONDITIONS

I/We have not been convicted of a Felony crime, nor am I/are we under indictment for any Felony criminal matters at this time.

I/We, the undersigned, do hereby accept the terms and conditions referenced in this contract and agree to abide by said terms and conditions in their totality. My/Our signature(s) below is/are an acknowledgement of full understanding and acceptance of the conditions set forth in the Off-Duty Employment form.

I/We, as a private employer, have read and understand the provisions set forth in this document and agree to abide by said provisions.

I/We, as private employer, agree to indemnify and hold the City harmless by reason of any and all claims that may arise out of the employment of off-duty police officers.

PRIVATE EMPLOYER: _____
SIGNATURE TITLE DATE

REPRESENTING: _____
BUSINESS NAME

WITNESSED BY: _____
SIGNATURE TITLE DATE

**TITUSVILLE POLICE DEPARTMENT
OFF-DUTY EMPLOYMENT FORM**

Date: _____

BUSINESS OR ORGANIZATION: _____

CURRENT BILLING ADDRESS: _____ **P.O. #** _____

PRINCIPAL BUSINESS OR ACTIVITY AT THIS ADDRESS: _____

BUSINESS OR ORGANIZATION PHONE # _____ **FAX #** _____

ADDRESS/LOCATION OF EVENT: _____

CONTACT PERSON'S NAME: _____ **DATE OF BIRTH:** _____

E-MAIL ADDRESS: _____

CONTACT PERSON'S ADDRESS: _____

CONTACT PERSON'S PHONE: **DAY #** _____ **NIGHT #** _____

Will alcohol be present? Yes No **Estimated number of persons expected:** _____

Will a police vehicle be required? Yes No **Will traffic control be required?** Yes No

Employers will be required to hire off-duty police officers for a minimum of four (4) hours.

DATES REQUESTED*	HOURS OF EMPLOYMENT 4 HOUR MINIMUM	NO. OFFICERS NEEDED	NO. HOURS	PAY RATE PER HOUR FOR OFFICER	Estimated Amount to be billed
				\$39.00	
				\$39.00	
				\$39.00	
				\$39.00	
				\$39.00	
				\$39.00	
				\$39.00	

*Plus convenience fee based upon selected payment method. 8%-Manual, 7% Credit Card, and 5% for ACH

*If ongoing security, duration of contract: _____, 20__ thru _____, 20__.

Use the space provided to give details of the EVENT or details of the SERVICES REQUIRED:

PRIVATE EMPLOYER: _____ **SIGNATURE** _____ **TITLE** _____ **DATE** _____

APPROVED BY: _____ **SIGNATURE** _____ **TITLE** _____ **DATE** _____

INDEMNIFICATION AGREEMENT

The undersigned acknowledges that the City of Titusville has issued a permit authorizing the use of City property or public right-of-way under certain terms and conditions. Based upon the issuance of said permit, the undersigned hereby agrees to indemnify and hold harmless the City of Titusville, its officers, agents, servants and employees against any and all claims caused by or that may arise out of the undersigned, its invitees, employees, guests or representatives utilizing or using City property or public right-of-way. The undersigned agrees to indemnify the City and its agents against all claims, demands, judgments, expenses, attorney's fees, including appellate fees and costs, fines, penalties or other claims that may arise out of the utilization of said property by the undersigned, the City, and its agents or employees issuing this Special Event Permit. In addition, the undersigned agrees to provide to the City a Certificate of General Liability Insurance naming the City as an additional insured to cover any and all damages that may arise out of the issuance of said Special Event Permit.

Dated this _____ day of _____, 20_____.

Signature of Applicant: _____

Witness/Signed in the presence of: _____

Witness/Signed in the presence of: _____

The City of Titusville acknowledges Receipt of this Indemnification Agreement

By: _____

Special Event Coordinator Use Only	
Application Received Date:	_____
Application Approved Date:	_____
Approved by:	_____ Title: _____
Comments/Requirements:	_____

