

City of Titusville
P.O. Box 2806, (32781-2806)
555 S. Washington Avenue
Titusville, FL 32796
Phone: 321-567-3758
Email: specialevents@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: _____

Describe the activities: _____

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

Applicant's Name: _____

Contact Number: _____ **Email:** _____

Is the event open to the public? (Circle One) Yes No

Will alcoholic beverages be served/sold by the applicant or venders? (Circle One) 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? (Circle One) 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:

Mobile Food Vendors (please list by name of vendors and contact information)

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	Estimate # of Spectators
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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

Police: Yes / No **Fire/EMS:** Yes / No **Welcome Center Restrooms:** Yes / No

(For Police and 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 Permit must be submitted (included in the 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



CITY OF TITUSVILLE INDEMNIFICATION, and HOLD HARMLESS AGREEMENT

Name of Organization: _____
(please print)

Name of Authorized Representative: _____
(please print)

Name of Event: _____
(please print)

Date of Event: _____

The Undersigned, _____, (hereinafter "Participant" or "Releasor") its agents, administrators, employees, successors and assigns, to the extent permissible by law, does hereby agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the City of Titusville, its Mayor and Council members, its officers, officials, servants, agents, employees, and successors ("The City" or "Releasee's") from any and all liability, claims, loss, fines, demands, suits, damages, judgments, executions, actions, causes of actions, expenses or costs, including court costs and attorney's fees, including but not limited to pre-trial, trial, and appellate level costs and attorney fees that may be incurred as a result of, arising from, or related in any way to participation in the event identified above, and the issuance of a permit for this event, if a permit is issued, regardless of the cause. The Releasor freely and voluntarily assumes all risks of injury, liability, and loss arising from participation or presence at said event, whether due to its negligence or intentional acts or the negligence or intentional acts of others

It is the Releasor's express intent, to the extent permissible by law, that this Indemnification and Hold Harmless Agreement shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named Releasee's. The Releasor hereby further agrees that this Indemnification and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

If the Releasor is an entity subject to the State of Florida Sovereign Immunity statute as outlined in Florida Statute 768.28, the above indemnification would only apply to claims that are not covered by this statute if there is such a claim. Nothing contained herein shall constitute a waiver by either party of its sovereign immunity and the liability limitations set forth in Section 768.28, Fla. Stat. Should Releasor subject to sovereign immunity utilize third-party vendors as part of their event and require the vendor to indemnify them for their services, the Releasor must also require the vendor to indemnify the CITY.

IN SIGNING THIS RELEASE, THE RELEASOR ACKNOWLEDGES AND REPRESENTS THAT it has read the foregoing Indemnification, Release and Hold Harmless Agreement, understands it and signs it voluntarily of its own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. The undersigned is authorized to sign this Release and is signed for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 20____.

PARTICIPANT Signature

Witness

Witness

TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity

Approving Local Government _____ Contact Person _____
 Address _____
 Telephone _____ Email _____

Organization Requesting Special Event

Name of Organization _____ Contact Person _____
 Address _____
 Telephone _____ Email _____

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

Description of Special Event**Law Enforcement Agency Responsible for Traffic Control**

Name of Agency _____

US Coast Guard Approval for Controlling Movable BridgeNot Applicable Copy of USCG Approval Letter Attached

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.

DATE(S) REQUESTED	HOURS REQUESTED (4 HOUR MINIMUM)	NUMBER OF OFFICERS NEEDED	TOTAL HOURS	OFFICER RATE \$55.00 HOLIDAY RATE \$70.00 *service fee	Estimated Amount to be billed
				\$55.00	
				\$55.00	
				\$55.00	
				\$55.00	
				\$55.00	
				\$55.00	

Payments must be made via credit card or ACH in the RollKall Portal.

*Plus convenience fee based upon selected payment method - 7% Credit Card or 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 _____



TITUSVILLE FIRE DEPARTMENT

Event – Final Bill for Services

Mission: Proactively serving the needs of our community through education, prevention, training, and response.

EVENT NAME:

PERMIT NUMBER:

DATE/TIME:

DESCRIPTION	HOURS	RATE PER HOUR	AMOUNT
FIRE PREVENTION PERSONNEL (min. 3 hrs.)			
After-Hours Fire Prevention Inspection		X \$40.00	
Fire Inspector Stand-By		X \$40.00	
FIRE SUPPRESSION PERSONNEL (min. 3 hrs.)			
Firefighter Stand-By		X \$40.00	
EMS PERSONNEL STAND-BY (min 3 hrs.)			
EMT/Paramedic Stand-By		X \$40.00	
FIRE DEPARTMENT VEHICLE STAND-BY			
Engine Stand-by (3 personnel)		X \$140.00	
Truck Stand-by (3 personnel)		X \$121.00	
Squad/Rescue Stand-by (2 personnel)		X \$41.18	
SERV Stand-by (2 personnel)		X \$3.75	
Fireboat Stand-by (3 personnel)		X \$65.00	
ADMINISTRATIVE FEE			\$75.00
		ESTIMATED TOTAL	

I understand that the above is the final bill for services rendered by Titusville Fire Department. I understand that payment of the final billing amount must be paid within 30 days of the date of the billing invoice and I further agree to all terms and conditions as set forth.

Make all checks payable to:
City of Titusville
Mail To:
Titusville Fire Department
Attn: Dani Melancon
550 S. Washington Ave.
Titusville, FL 32796

Signature

Date

Payment is due within 30 days

If you have any questions concerning this invoice, contact Titusville Fire Prevention at (321) 567-3800.



TITUSVILLE FIRE DEPARTMENT

550 SOUTH WASHINGTON AVENUE
TITUSVILLE, FLORIDA 32796-3584
Telephone: (321) 567-3800 Fax: (321) 383-5703



Mission: Proactively serving the needs of our community through education, prevention, training, and response.

GENERAL REQUIREMENTS FOR ALL FOOD VENDORS

Due to DBPR regulations and the F.A.C. 61C-4.016, all cooking and food preparations shall be conducted under cover. This list is consisting of the six main check points; however, it is your responsibility to follow all cooking requirements from the F.A.C. 61C-4.016 and State of Florida currently adopted edition of the Florida Fire Prevention Code.

- 1) There shall be a minimum clearance of 10 ft between all buildings, building overhangs, structures, vehicles, and any combustible materials.
- 2) All gas cylinders shall be properly restrained to avoid being displaced.
- 3) There shall be a min. of 1 **Florida Certified*** Fire Extinguisher with each food vendor: Min. 2A:10BC
- 4) There shall be a **Florida Certified*** Class K Fire Extinguisher for all cooking operations that produce grease laden vapors.
- 5) If cooking is to occur under a tent/canopy, the tent shall be of an approved flame-resistant material that is complaint with the currently adopted edition of NFPA 701 standards. **The label shall be permanently affixed to the tent showing the fire-resistant treatment or rating approval.** If not cooking under a tent/canopy, the cooking operation shall be conducted a minimum 10 feet away (see #1).
- 6) All fixed cooking equipment that is protected by a fixed fire suppression system shall be inspected by a licensed fire suppression company every **6 months**.
- 7) A COPY OF YOUR HOOD REPORT, FIRE EXTINGUISHER TAG, STATE LICENSE, TRAINING CERTS. SHALL BE EMAILED PRIOR TO THE EVENT (if applicable). See email below.

FYI – ALL FOOD TRUCKS, TRAILERS AND TENTS SHALL BE INSPECTED ON THE DAY OF THE EVENT THAT YOU ARE PARTAKING IN. YOU SHALL ARRIVE TO THE EVENT AND BE SETTING UP NO LESS THAN 1.5 HOURS PRIOR TO THE STARTING TIME OF THE EVENT.

PLEASE BE AWARE Fire extinguishers purchased from a hardware store do not come certified by a licensed State of Florida fire extinguisher company; therefore, you will need to contact a local licensed fire extinguisher contractor for this service. ALL Fire Extinguishers shall be certified annually.

NON-COMPLIANCE WITH ANY OF THE ABOVE WILL BE CAUSE FOR THE TITUSVILLE FIRE DEPT. TO IMMEDIATELY STOP ALL OPERATIONS UNTIL FULL COMPLAINECE IS MET OR BUSINESS WILL BE TOLD TO LEAVE THE EVENT.

I have read and will comply with the requirements listed above.

Event Name	Event Date	Company Name	
Address	City	State	Zip
Contact Phone Number		Email address	
Print		Sign and Date	

If you have any questions, please contact the Office of the Fire Marshal at 321-567-3800 prior to the day of the event. **EMAIL FORMS TO FIREMARSHAL@TITUSVILLE.COM**