

City of Titusville  
P.O. Box 2806, (32781-2806)  
555 S. Washington Avenue  
Titusville, FL 32796  
Phone: 321-567-3760, Fax: 321-267-3711  
[Email: specialevents@titusville.com](mailto: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: \_\_\_\_\_

(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:

**Mobile Food Venders (please list by name of vender)**

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

Garbage: \_\_\_\_\_ Police: \_\_\_\_\_ Fire/EMS: \_\_\_\_\_

**(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:**

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

# 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 _____
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### US Coast Guard Approval for Controlling Movable Bridge

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

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**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.

IN/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.

<b>DATES REQUESTED`</b>	<b>HOURS OF EMPLOYMENT 4 HOUR MINIMUM</b>	<b>NO. OFFICERS NEEDED</b>	<b>NO. HOURS</b>	<b>PAY RATE PER HOUR FOR OFFICER</b>	<b>Estimated Amount to be billed</b>
				\$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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_