

# CITY OF FORT PIERCE SPECIAL USE PERMIT APPLICATION

Draft 4/8/19

**This Application is for limited Delivery & Demonstration ONLY & does in no way offer permission to engage in the sale, rental, display, or business promotion at any City of Fort Pierce public facility.** All requirements are due upon submission for application and renewal – incomplete applications will be returned to applicant for completion. Please allow 30 business days for processing from date of receipt of fully completed application.

## **BUSINESS INFORMATION**

Name/Organization: \_\_\_\_\_

Responsible person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical place of business (if different from mailing address): \_\_\_\_\_

Phone (s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Business website: \_\_\_\_\_

Description of business: \_\_\_\_\_

\_\_\_\_\_

Number of employees: \_\_\_\_\_

## **INSURANCE INFORMATION:**

Liability Insurance Policy naming the City of Fort Pierce as an additional insured, in the minimum amount of \$500,000, obtained privately. Please attach copy of policy. Florida Statute 440.055 requires any employer with four or more employees to have Workers' Compensation Insurance. Please provide a copy of policy if applicable. A certificate signed by an authorized agent of the insurance company is required.

Liability insurance co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Workers' Comp insurance co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## **ACTIVITY INFORMATION:**

Description of requested activities: \_\_\_\_\_

\_\_\_\_\_

Location(s) requested for activities along with reason for chosen location(s): \_\_\_\_\_

\_\_\_\_\_

Description of your delivery & pickup process: \_\_\_\_\_

Time required for delivery: \_\_\_\_\_ Pickup: \_\_\_\_\_

Vehicle used for delivery, including size & parking requirement: \_\_\_\_\_

Description of demonstration/training process: \_\_\_\_\_

Time required for demonstration/training: \_\_\_\_\_

Equipment/setup required for delivery & pickup and/or demonstration: \_\_\_\_\_

Time of day requested: \_\_\_\_\_ Day(s) of week requested: \_\_\_\_\_

Requested length for Special Use: 3 months (\$300), 6 months (\$500), or 12 months (\$900). \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR CITY OF FORT PIERCE USE ONLY – APPROVAL DECISIONS  
FOR SPECIAL USE PERMIT**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Director of Public Works

Initials & date:

\_\_\_\_\_ This application is approved for the following length of time: 3 mos \_\_\_\_\_ 6 mos \_\_\_\_\_ 12 mos \_\_\_\_\_  
with an expiration date of: \_\_\_\_\_

\_\_\_\_\_ Time of day approved: \_\_\_\_\_ Day(s) of week approved: \_\_\_\_\_

\_\_\_\_\_ Fee of \_\_\_\_\_ paid on \_\_\_\_\_ by (check # or cash) \_\_\_\_\_

\_\_\_\_\_ Liability insurance verification with comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Worker's Comp insurance verification with comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Public facility(s) approved: \_\_\_\_\_

\_\_\_\_\_ Delivery & pickup conditions approved (include time limit): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Parking approved: \_\_\_\_\_

\_\_\_\_\_ Demonstration/training approved (include time limit): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Description of limitations or other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Additional comments or instructions: \_\_\_\_\_  
\_\_\_\_\_

Director of Public Works Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT AGREEMENT FOR CITY OF FORT PIERCE SPECIAL USE PERMIT

APPLICANT MUST INITIAL ALL ITEMS BELOW AS AGREEMENT TO FOLLOW ALL RULES AS SET FORTH BY THE CITY OF FORT PIERCE PLUS ALL ITEMS AS SPECIFIED IN THIS PERMIT AND UNDERSTAND THAT FAILURE TO FOLLOW THESE RULES WILL RESULT IN: 1<sup>ST</sup> OFFENSE: WARNING; 2<sup>ND</sup> OFFENSE: FINE; 3<sup>RD</sup> OFFENSE: REVOKE PERMIT.

Applicant Initials:

- \_\_\_\_\_ Agree to deliver/pickup & demonstrate only according to the approved designations.
- \_\_\_\_\_ Agree to follow all safety rules & procedures, and, if applicable, provide an attendant age 18 or older for all apparatuses or equipment when supervision is recommended by the manufacturers.
- \_\_\_\_\_ Agree to not put any citizen enjoying our parks at risk while delivering, picking up, or demonstrating our product. All customers will be briefed on safety rules prior to delivery.
- \_\_\_\_\_ Agree to not block or prevent any citizen from using public facilities.
- \_\_\_\_\_ Agree that a copy of the Special Use Permit will always be available while using public facilities.
- \_\_\_\_\_ Agree that this permit is for delivery/pickup & demonstration only and does in no way provide permission to engage in the sale, rental, display, or offering as a business promotion.
- \_\_\_\_\_ Agree to follow explicit parking rules & regulations.
- \_\_\_\_\_ Agree to make sure all litter & debris is cleared & disposed of properly, leaving the area as it was found.
- \_\_\_\_\_ Agree that a copy of City of Fort Pierce Code of Ordinances Section 12-202 has been received.
- \_\_\_\_\_ Agree to follow Section 12-202 prohibited activities as presented in the City of Fort Pierce Code of Ordinances.

**CITY ATTORNEY: PLEASE PROVIDE A RELEASE, INDEMNITY, AND WAIVER OF LIABILITY FOR VENDOR PLUS ANY OTHER LEGAL LANGUAGE REQUIRED**

Applicant Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

I have discussed with the applicant all rules agreed upon by the applicant plus all City decisions included in this Special Use Permit and believe that full understanding has been achieved by both parties.

Director of Public Works Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF FORT PIERCE SPECIAL USE PERMIT**  
**MUST BE AVAILABLE AT ALL TIMES WHILE USING PUBLIC FACILITIES**

Date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Time of day approved for activity: \_\_\_\_\_ Day of week approved for activity: \_\_\_\_\_

Name/Organization: \_\_\_\_\_ Responsible person: \_\_\_\_\_

Address (include mailing & place of business if different): \_\_\_\_\_

Phone (s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of business: \_\_\_\_\_

Activities approved: \_\_\_\_\_

Locations approved for above activities: \_\_\_\_\_

Delivery description & time approved: \_\_\_\_\_

Pickup description & time approved: \_\_\_\_\_

Vehicle(s) approved & parking requirements: \_\_\_\_\_

Demonstration description & time approved: \_\_\_\_\_

Equipment/setup approved for any of the above activities: \_\_\_\_\_

Limitations & other conditions approved: \_\_\_\_\_

I acknowledge I have fully read, understand, & agree to abide by the terms and conditions outlined in this Special Use agreement. I further understand that this permit is in effect for only the above activities and for the above dates as specified.

Applicant Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Director of Public Works Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_