

CITY OF FORT PIERCE SPECIAL USE PERMIT APPLICATION

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: 1ST OFFENSE: WARNING; 2ND OFFENSE: FINE; 3RD 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 public facilities 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 Chapter 28, Article II has been received.
- _____ Agree to follow Chapter 28, Article II as presented in the City of Fort Pierce Code of Ordinances.

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: _____