



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

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Date: _____ Expiration date: _____

Date: _____ Expiration date: _____

Time of day approved for activity: _____

Time of day approved for activity: _____

Day of week approved for activity: _____

Day of week approved for activity: _____

Name/Organization: _____

Name/Organization: _____

Responsible person: _____

Responsible person: _____

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

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

Phone (s): _____ E-mail: _____

Phone (s): _____ E-mail: _____

Description of business:

Description of business:

Activities approved:

Activities approved:

Locations approved for above activities:

Locations approved for above activities:

Delivery description & time approved:

Delivery description & time approved:

Pickup description & time approved:

Pickup description & time approved:

Vehicle(s) approved & parking requirements:

Vehicle(s) approved & parking requirements:

Demonstration description & time approved:

Demonstration description & time approved:

Equipment/setup approved for any of the above activities:

Equipment/setup approved for any of the above activities:

Limitations & other conditions approved:

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.

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Applicant Signature: _____

Applicant Signature: _____

Print name: _____ Date: _____

Print name: _____ Date: _____

Title: _____

Title: _____

Director of Public Works Signature: _____

Director of Public Works Signature: _____

Print name: _____ Date: _____

Print name: _____ Date: _____