



CITY OF INDIAN ROCKS BEACH

1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785
Ph: 727/595-2517

PERMIT # _____

PERMIT FEE: \$100.00

COMMERCIAL GATHERINGS ANNUAL PERMIT APPLICATION

Applicant name: _____

Company name (if applicable): _____

Address: _____

City _____ State _____ Zip _____

E-mail address: _____

Phone: Day () _____ Fax () _____

Type of Instruction

- Personal Training*
- Yoga/Pilates*
- Surfing*
- Sports Instruction*
- Other* _____

Total estimated participants (per day): _____ **Requested time:** _____

Please provide a brief description of your activity:

Requested Day:

- Monday*
- Tuesday*
- Wednesday*
- Thursday*
- Friday*
- Saturday*
- Sunday*

Requested Location:

The annual permit is valid for ONE year from the date of issuance unless or until revoked by the City of Indian Rocks Beach. In addition, the permit application must include proof of a City of Indian Rocks Beach Business Tax Receipt, and a Certificate of Insurance. Submission of the permit application does not guarantee that a permit will be approved and issued.

Organization/Individual Assumption of Risk and Release of Liability:

On behalf of myself and our organization, I hereby relieve the CITY OF INDIAN ROCKS BEACH, its officers, agents, employees and volunteers (hereinafter "CITY") of any of the damages that might occur during or as a result of my use of, or presence at, my permitted location indicated on my contract. By this agreement I also intend to release, discharge and forever absolve CITY from any and all liability for any active or passive negligence whatsoever by CITY and to waive and relinquish any claim or cause of action against CITY for any loss, claim, damage, personal injury, disability, death, medical and any other type of expense or property damage or loss caused by any negligence of CITY and promise not to sue or exercise any legal right to seek damages from CITY.

Applicant Name (Please Print)

Signature of Applicant

Date

OFFICE USE ONLY

Date Received: _____

Staff initials: _____

- IRB Business Tax License (Number: _____)
- Certificate of Insurance
- Certification

Permit Fee: \$100.00

- Check
- Cash
- Credit Card

Approved:

Signature

Date

Denied:

Signature

Date