



**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