



Tallahassee Police Department
Internal Affairs Unit
OFFICER SERVICE AGREEMENT
RECURRING EVENT



Name of Coordinator:			
	(Coordinator's Contact Number)	(Date)	
Applicant:			
	(Business Name or Organization)	(COT Permit Number/Attach Copy of Permit and 501(c)3)	
Address of Business:			
Billing/Mailing Address:			
Description of Duties:			
Name and title of Authorized Agent Requesting Service:			
	(Title)	(First)	(Middle)
Work Phone #:	Cell Phone #:	Other Phone #:	
Alcoholic Beverage License Number (Attach copy of beverage license):			
COT Business Tax Certificate Account Number (Attach copy of tax certificate if applicable):			

The Tallahassee Police Department is **not** obligated to provide off-duty police services. Off-duty police services **will not** be approved to any person, firm, or organization whose officers, members, business, or operations are questionable or for any event that will discredit the member, Department, or City.

It is understood that though the applicant shall pay the Department members for services rendered, the Department members shall remain employees of the Tallahassee Police Department. The applicant shall not require Department members to perform any duty contrary to or in violation of any Tallahassee Police Department General Order or Standard Operating Procedures, to include, but not limited to enforcing "house rules", conducting "pat-downs", or utilizing department resources to conduct age verifications for any function other than for a law enforcement purpose.

Department members shall ensure applicant maintains all fire exits and fire safety equipment and complies with the maximum occupancy of the business as established by the Fire Marshal. Department members shall respond to all observed and reported incidents in the interior of the location and immediate surrounding exterior areas, and take appropriate action as needed.

All incidents shall be investigated fully and appropriate documentation shall be completed prior to the end of the off-duty assignment. Department members completing a police action falling within the purview or premises of the applicant shall remain in off-duty service status unless such action requires time past the scheduled off-duty shift. Under those circumstances, the officer may revert to on-duty status and coordinate with the Watch Commander. Department members taking police action outside the purview of the applicant, or off the applicant's premises, may revert to on-duty status.

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- Must be completed:
1. Prior to secondary employment being approved.
 2. Annual, by January 1st of each year, for each secondary employment location.
 3. Anytime there is a change in: Department Coordinator, Mgmt/Owner, or Beverage License Status.



Tallahassee Police Department Internal Affairs Unit



REQUEST FOR SECONDARY EMPLOYMENT OFFICER SERVICE AGREEMENT

THIS APPLICANT IS REQUESTING TO ENGAGE THE SERVICES OF OFF-DUTY POLICE PERSONNEL OF THE TALLAHASSEE POLICE DEPARTMENT, FOR PUBLIC SERVICES THAT ARE IN ADDITION TO THOSE PROVIDED GENERALLY TO THE PUBLIC.

THE CHIEF OF THE TALLAHASSEE POLICE DEPARTMENT OR HIS DESIGNEE MAY CANCEL THIS APPLICATION, AT ANY TIME, WITH OR WITHOUT CAUSE.

IN ADDITION TO OFFICER COMPENSATION, THIS APPLICANT AGREES TO PAY A \$5 FEE FOR EACH OFFICER PER HOUR (WITH A MAXIMUM BILLABLE HOUR LIMIT OF 4 [FOUR] HOURS) PER SHIFT WORKED. PAYMENT OF FEE WILL BE DUE UPON RECEIPT OF INVOICE, PAYABLE TO THE CITY OF TALLAHASSEE. THE SURCHARGE FEE WILL BE WAIVED FOR CITY PERMITTED EVENTS SPONSORED BY A NON-PROFIT ORGANIZATION. A COPY OF THE PERMIT AND 501(c)3 CERTIFICATE MUST BE ATTACHED TO THIS AGREEMENT.

No. of Officers:		X \$5		X \$5 per hour (max. of 4 hours) 1 hr =\$5, 2 =\$10, 3=\$15, 4+=\$20		x No of Days		=	\$
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THIS EVENT IS NOT APPROVED UNTIL THE CHIEF OF POLICE OR HIS DESIGNEE HAS SIGNED THIS SERVICE AGREEMENT AND NOTIFIED THE COORDINATOR IN PERSON, BY PHONE, OR BY EMAIL.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE WITH THEM.

(Signature of Applicant/Agent requesting service)

(Signature of Department Coordinator)

For Department Use Only

After investigating this request, it is respectfully recommended the application be:

Coordinator's Immediate Supervisor	Date	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved
Sector Commander or Designee (location of event)	Date	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved
Chief of Police or Designee	Date	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved

Date applicant notified of approval/ disapproval: _____ By: _____

*** Notification can be in person, by phone, or by email. Event is not approved until notification is made.

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 3. Anytime there is a change in: Department Coordinator, Mgmt/Owner, or Beverage License Status.