

VENDOR'S PERMIT APPLICATION

NEW: _____ RENEWAL: _____

Pursuant to Chapter 250, Ordinance Code, application is hereby made for the following permit (check one):

SIDEWALK VENDOR (downtown) _____	SIDEWALK VENDOR (non-specified location) _____
TRANSIENT MERCHANT _____	STREET VENDOR _____
RESIDENTIAL SOLICITOR _____	PROFESSIONAL SOLICITOR _____

DATE: _____

1. NAME OF APPLICANT: _____
(If business, include name of principals and officers)

ADDRESS OF APPLICANT: _____

TELEPHONE: _____ DATE OF BIRTH: _____

2. NAMES, ADDRESS & DATE OF BIRTH OF ALL EMPLOYEES WHO WILL WORK UNDER THIS PERMIT:

(Use separate sheet, if necessary)

3. HAS APPLICANT EVER BEEN CONVICTED OF A VIOLATION OF CHAPTER 250, ORDINANCE CODE, OR HAD A PERMIT REVOKED?: _____

4. TYPE(S) OF PRODUCT(S) OR SERVICES TO BE SOLD:

5. THE TIME PERIOD FOR WHICH PERMIT IS BEING SOUGHT (CHECK ONE)

- | | | |
|---------|------------------------------|------------|
| _____A) | ONE-DAY PERMIT | (\$10.00) |
| _____B) | CONSECUTIVE THREE DAY PERMIT | (\$15.00) |
| _____C) | ONE-MONTH PERMIT | (\$35.00) |
| _____D) | SIX-MONTH PERMIT | (\$150.00) |
| _____E) | ONE-YEAR PERMIT | (\$250.00) |
| _____F) | REPLACEMENT PERMIT | (\$5.00) |

6. THE FOLLOWING PERTAINS TO SIDEWALK VENDOR APPLICANTS ONLY:

A) SIZE OF VENDING UNIT: _____
(4 feet wide by 6 ½ feet high by 6 feet long is the maximum allowed)

B) LOCATION OF VENDING UNIT (IF REQUESTING AN ASSIGNED LOCATION): _____

C) DATE OF SITE PLAN APPROVAL (IF REQUESTING AN ASSIGNED LOCATION): _____

7. THE FOLLOWING PERTAINS TO TRANSIENT MERCHANT APPLICATIONS ONLY:

A) LOCATION & ZONING OF BUSINESS: _____

B) NAME, ADDRESS & PHONE NUMBER OF PROPERTY OWNER PROVIDING WRITTEN AUTHORIZATION TO UTILIZE PROPERTY: (attach copy) _____

C) NAMES & RESIDENCES OF ALL PERSONS FINANCIALLY INTERESTED IN THE BUSINESS (IF APPLICANT DOES NOT HAVE A PERMANENT LOCAL ADDRESS): _____

D) TRANSIENT MERCHANT APPLICANTS WHO DO NOT HAVE A PERMANENT LOCAL ADDRESS MUST EXECUTE THE PERMIT APPLICATION UNDER OATH WITH A \$1,000.00 CASH DEPOSIT WITH THE TAX COLLECTOR.

8. THE FOLLOWING PERTAINS TO PROFESSIONAL SOLICITOR APPLICANTS ONLY:

A) NAME OF ORGANIZATION OF ASSOCIATION SOLICITING ON BEHALF OF: _____

B) CITY & STATE CHARITABLE ORGANIZATION SOLICITATION REGISTRATION PERMIT NUMBER, IF SOLICITING FOR A CHARITY:

CITY #: _____ STATE # _____

C) STATE PROFESSIONAL SOLICITOR REGISTRATION NUMBER, IF SOLICITING FOR CHARITABLE ORGANIZATION: _____

The Applicant release and forfeits any right of action against the City or its members, officials, employees and agents from any liabilities, claims for damages, losses, and costs which arise out of or in connection with their vending operations (including all costs for investigation and defenses thereof, such as court costs, reasonable expert witness and attorney fees) and to the fullest extent permitted by law, indemnifies, defends and saves the City and City's members, officials, officers, employees and agents harmless against all liability, claims for damages, and suits for or by reason of (1) any injury to any person, including death, (2) damage to any property for every cause in any way connected with their vending operations irrespective of negligence, actual or claimed, upon the part of the City, its agents and employees, except where caused by the willful and wanton acts of City officials, officers, employees and agents and (3) environmental damages, claims or citations due to Vendor's operations violating any environmental law, ordinance, rule or regulation.

This application is made under the penalties of Section 837.06, Florida Statutes, and the provisions of Chapter 250 Ordinance Code. The giving of false or misleading information in the application is ground for suspension or revocation of the permit. I have read Chapter 250, Ordinance Code and I will observe and comply with the Chapter and rules, regulation and administrative orders made by the Department or Authority (as to Part 5) pursuant to this Chapter.

APPLICANT'S SIGNATURE: _____

-----**TAX COLLECTOR USE ONLY**-----

BUSINESS TAX #: _____ TYPE: _____ EXPIRES: _____

HEALTH PERMIT (DBPR) #: _____ EXPIRES: _____

PROOF OF INSURANCE: _____ INSURANCE COMPANY: _____ EXPIRES: _____

PHOTOGRAPH OF VENDING UNIT: _____

DATE OF NOTARIZED LETTER OF PERMISSION (TRANSIENT MERCHANTS): _____

SECURITY DEPOSIT (\$1,000.00 CASH FOR TRANSIENT MERCHANTS WITHOUT A PERMANENT LOCAL ADDRESS): CR # _____

APPROVED: _____ PERMIT #: _____ DISAPPROVED: _____

(Authorized Representative Signature) DATE: _____