

**City of Flagler Beach**  
ITINERANT MERCHANT APPLICATION



105 South 2nd Street,  
Post Office Box 70  
Flagler Beach, Florida 32136  
Phone (386) 517-2000 Fax (386) 517-2008

**INSTRUCTIONS:**

*Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification.

**OFFICE USE ONLY**

**APPROVED**

**DISAPPROVED**

**REASONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PX** \_\_\_\_\_

**BY:**

**\$25.00 Fee collected**

**Yes**

**No**

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Relationship to Business: \_\_\_\_\_

Provide a brief description of the nature of the business and the goods to be sold:

\_\_\_\_\_  
\_\_\_\_\_

What type of set up will you have? i.e.: mobile wagon, tent, table w\umbrella: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Provide a copy of your occupational License from the City\County where your business is located\based.

\*Provide a copy of your Annual Resale Certificate for Sales Tax.

\*If you will be vending prepared food items attach a copy of your State License.

\*If vending Alcoholic beverages attach a copy of your Alcohol & Tobacco license.

\*If vending food or alcohol attach copy of Certificate of Insurance in the amount of one million dollars with the City named as an additionally insured.

\*Ordinance 2004-33 establishes policies and procedures for Itinerant Merchants a copy of this Ordinance is available at the City web-site [www.cityofflaglerbeach.com](http://www.cityofflaglerbeach.com) or City Hall.

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Exhibit B to Ordinance 2005-09  
Signature of Applicant

Date