



## **City of Flagler Beach**

### **Building & Zoning Department**

116 South 3<sup>rd</sup> Street

Flagler Beach, FL 32136

Phone: 386-517-2000 Fax: (386) 517-2016

www.cityofflaglerbeach.com

Dear Seasonal Vendor Business Operator,

The Local Business Tax Receipt (LBTR), formerly known as an Occupational License, is required for all Seasonal Vendors. A Seasonal Local Business Tax Receipt is only issued for City recognized Special Events.

<b><u>SPECIAL EVENTS</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>
Rolex 24	Jan. 26-27	Jan. 25-26
Daytona 500	Feb. 24	Feb. 23
Bike Week	March 8-17	March 7-16
Daytona 200	March 16	
Spring Break	March 8-31	
Coke Zero 400	July 4-6	July 3-5
Biketoberfest	Oct. 17-20	Oct. 16-19
Turkey Rod Run	Nov. 28 Dec. 1	Nov. 27-30

A Seasonal LBTR is valid for a ***SINGLE*** event, for duration of time **not** to exceed ten (10) **consecutive** days in any 60-day period.

The Florida Department of Agriculture and Consumer Services, Division of Food Safety, regulates food outlets, including grocery stores, convenience stores, bakeries, delicatessens, meat and seafood markets, seafood processors, food warehouses, food processing and manufacturing plants, mobile vendors that sell only pre-packaged foods and food service facilities which are a part of a food establishment already regulated by the Department, etc.

The Department of Business and Professional Regulation regulates food service establishments such as restaurants, other food service facilities, including temporary events, and mobile vendors that prepare and serve food.

This package has been developed in an effort to provide a guideline for you to gather all necessary documentation required to complete your Seasonal Vendor LBTR Application process.

The LBTR Division hours are 8:00 a.m. to 5:00 p.m., Monday thru Friday.

The City of Flagler Beach welcomes you into our business community.

If we can be of further assistance to you, please call us at (386) 517-2000 (ext. 231)

# Seasonal Vendor Local Business Tax Receipt (LBTR) Application Checklist

---



**CITY**  
Staff Initials

- Completed LBTR Application. \_\_\_\_\_
- Non-refundable application review fee of \$60.00. \_\_\_\_\_
- Refundable deposit of \$250.00 by certified check or money order.  
Deposit will be refunded once the refund application has been received by  
the building department and they have verified the removal/cleanup of the  
vendor location. \_\_\_\_\_
- Notarized statement from property owner authorizing permission to conduct  
seasonal event related business at their location. \_\_\_\_\_
- A copy of the current fictitious name registration or the certification issued  
by the Florida Division of Corporations. \_\_\_\_\_
- A copy of your State License(s) issued by the Department of Business  
and Professional Regulations, if required for your Occupation. \_\_\_\_\_
- Copy of approved inspection form(s) - food and beverage vendors only. \_\_\_\_\_
- Copy of General Liability Insurance (\$100,000 minimum). \_\_\_\_\_
- Site Location sketch and photograph of proposed set up. \_\_\_\_\_
- Copy of Drivers License or photo ID. \_\_\_\_\_

**LBTR Fee due after approval: \$52.50**

**State Contacts:**

MYFLORIDA.COM

MYFLORIDA.COM/DBPR – State Licensure

Division of Hotels and Restaurant – for Food Service 850-487-1395

Department of Agriculture- [www.doacs.state.fl.us](http://www.doacs.state.fl.us)

MYFLORIDA.COM/DOR – Department of Revenue - Sales Tax registration

Daytona Office: 386-274-6600

SUNBIZ.COM - To set up a Fictitious name, Corporation or LLC. 850-245-6058

## General Requirements

1. Shall only be permitted in a General Commercial or Tourist Commercial Zoning District. A refundable deposit in the amount of \$250.00 payable to the City via certified check or money order is required before a license will be issued. The deposit will be refunded once the refund application has been received by the building department and they have verified the removal/cleanup of the vendor location.
2. The deposit will be refunded to the vendor upon removal/cleanup of the vendor location, and upon submitting the Refund Application to the building department.
3. The applicant shall provide written authorization from the property owner, which shall be duly sworn and notarized.
4. Applicant shall provide a description of the type of food, beverage or merchandise to be sold.
5. Applicant shall provide a plot plan and picture of any proposed structure(s).
6. The applicant shall demonstrate that the location of any proposed temporary structure meets the minimum setback requirements for the respective zoning classification as set forth in Appendix A, of the Land Development Regulations.
7. Applicant shall be prohibited from using the property for overnight housing purposes.
8. Sales activity areas that necessitate the use of existing parking spaces shall not obstruct any required parking spaces nor detract from the minimum required parking spaces for the primary use, if an improved property.
9. The applicant shall provide safe and appropriate vehicular ingress and egress for the site, if applicable.
10. Applicant shall provide a means of securing all merchandise, equipment and temporary structure(s) from vandalism and theft.
11. Applicant shall provide proof of Liability Insurance, not less than \$100,000.00 protecting applicant and the City from all claims that may arise from operations in connection with the Seasonal Vendor LBTR.
12. A certificate issued by the Flagler County Health Department and Fire Inspector for food and beverage sales, to include all applicable State of Florida licensing agencies, as required, shall be provided prior to the issuance of a license.

**Seasonal LBTR is valid for a single event for duration of time, not to exceed ten (10) consecutive days in any 60-day period.**

I have read and understand the requirements for a Seasonal Vendor LBTR. Violating any of the above requirements could result in my LBTR being revoked or suspended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CITY OF FLAGLER BEACH**  
**SEASONAL VENDOR LOCAL BUSINESS TAX RECEIPT (LBTR) APPLICATION**

---

Please complete all applicable items that pertain to your particular business application request. Knowingly filing false information or failing to complete the application could result in the application being denied or license revoked.

**Seasonal LBTR is valid for a single event and not to exceed 10 consecutive days.**

---

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

Type of Business: \_\_\_\_\_

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

Daytime Phone at Temporary Location: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

State License # (If required): \_\_\_\_\_ SS # or FEIN # \_\_\_\_\_  
(Optional)

**Required by F.S. 205.054(5)**

---

Dates of Temporary Business: From: \_\_\_\_\_ To: \_\_\_\_\_  
**(Maximum ten (10) consecutive days)**

Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_

---

Business Property Legal Description: Parcel Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning of Business Property: \_\_\_\_\_

Describe Activity/Facilities: \_\_\_\_\_

Describe the type of food, beverage or merchandise to be sold: \_\_\_\_\_

---

I certify to the best of my knowledge all answers given above are true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

.....  
**REVIEW COMPLETED**

Comments: \_\_\_\_\_

Approved     Denied

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization For Seasonal Vendor Permit

Property Owner- by signing you are authorizing the applicant to utilize the designated property for sales of event related merchandise for the time period specified

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

Dates: \_\_\_\_\_

FOR PROPERTY OWNED BY A CORPORATION OR L.L.C., ONLY REGISTERED AGENT OR OFFICER SIGNATURE IS ACCEPTABLE

This is to certify that I am the owner in fee simple of subject lands described above. I am authorizing \_\_\_\_\_ to obtain approval /permits for property: \_\_\_\_\_

Name

Address

**STATE OF FLORIDA,**  
County of Flagler

Subscribed and Sworn to (or affirmed) before me by

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
OWNER'S NAME (Print/Type)

\_\_\_\_\_  
ADDRESS (Street, City) & Phone Number

This \_\_\_ day of \_\_\_\_\_, 20\_\_\_. Who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Commission Number & Expiration

\_\_\_\_\_  
Notary Public

**REFUND APPLICATION: SEASONAL VENDOR DEPOSIT**

*Please submit this form to the Building Department  
after cleanup/debris removal of business location.*

---

Seasonal Vendor LBTR Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

---

Please refund my Seasonal Vendor Deposit in the amount of \$250.00. Make the check payable to:

Name: \_\_\_\_\_

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

I certify the property location has been cleaned. \_\_\_\_\_  
Signature

---

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____
_____ (Code Enforcement Officer)	
Refunded on: _____	Check number issued: _____
General Receipt #: _____	
Account Number: 603.0000.220005	
_____ Signature of City Manager's Approval	