



City of Flagler Beach

Building & Zoning Department

800 S Daytona Avenue/ PO Box 70

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 Occupational License. Seasonal Vendors Licenses are issued during City recognized Special Events only.

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 returned upon removal/cleanup of the vendor location within 48 hours following the expiration date of the license. _____
- Notarized statement from property owner authorizing permission to conduct seasonal event related business at their location. _____
- A copy of the current fictitious name registration issued by the Division of Corporations of the Department of State **or** if the business is a Corporation, a copy of the certification issued by the Division of Corporations of the Department of State and/or a copy of the corporate seal. _____
- 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. _____

Annual Fee due after approval : \$55.12

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

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.
2. 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 returned to the vendor upon removal/cleanup of the vendor location, within 48 hours following the expiration date of the license.
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

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: _____

State License # (If required): _____ SS # or FEIN # _____

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

OFFICE USE ONLY

Approved Denied _____ Date: _____
(Code Enforcement Officer)

Refunded on: _____ Check number issued: _____

General Receipt #: _____

Account Number: 603.0000.220005

Signature of City Manager's Approval