

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 ☐

EVENT: _____

Business Name _____

Business Phone _____ Home Phone: _____

Business Address: _____

Mailing

Address: _____

Drivers License

Number: _____ Email _____

Applicants Relationship to

Name: _____ 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 Local Business Tax Receipt or 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 2025-19 establishes policies and procedures for Itinerant Merchants a copy of this Ordinance is available at the City web-site www.cityofflaglerbeach.com or City Hall.

Signature of Applicant

Date