

CITY OF FORT LAUDERDALE
100 N ANDREWS AVE, 1ST FL
FORT LAUDERDALE, FL 33301
(954) 828-5195

APPLICATION FOR STREET VENDORS PERMIT

Name of Applicant/Owner: _____

Home Address: _____

Telephone Number: _____

Name of Vending Business: _____

Business Phone Number: _____

Vending Location: _____

Current or Most Recent Use on Site: _____

Is this use active or inactive? _____

Zoning: _____

DISCLAIMER: THE VENDING OPERATION WILL NOT UTILIZE ANY PRESENT OR FUTURE PARKING SPACES FOR PRINCIPLE USE.

Description of type of food, beverage or merchandise to be sold: _____

Description of equipment or motor vehicle to be used in business including license and registration number of vehicle: _____

Location of vending vehicle or unit on the property: _____

Location of restrooms, if food or beverage is served: _____

Location of trash receptacle: _____

Photograph of Vehicle attached: Y/N

Attached Notarized Letter from Property Owner: Y/N

Attached Certificate of Insurance Policy if selling from a motorized vehicle: Y/N

Attached Broward County Health Certificate: Y/N

I, _____, hereby certify that I have carefully read and completed this registration statement and that all the information contained herein is true and correct. I also certify that I have carefully read "Street Vendors" Article IV of Chapter 23 of the City's Code and Section 8-73 and fully understand their contents. It is understood that the vending operation must remain on private property within the B-2, B-3, B-3-C and SP-1 Zoning Districts. Vending uses in B-3-C must be approved by the **Planning and Zoning Board**.

Business Owner/Applicant Signature: _____

STATE OF _____
COUNTY OF _____

Print Name

The foregoing instrument was acknowledged before me this day of _____, 20____, by _____, as _____, of _____ a _____ Who is personally known to me/produced _____ as identification.

Notary Public Signature

Notary Public Printed Name