



OPEN AIR VENDOR PERMIT APPLICATION

VENDOR TYPE: GOODS, MERCHANDISE, WARES F

APPLICANT NAME: _____

D/B/A NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FACSIMILE: _____

EMAIL: _____

MAILING ADDRESS
(IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

FEIN: _____

LOCATION VENDOR WILL USE: _____
(MAP MUST BE ATTACHED)

IS ELECTRIC BEING USED: YES NO Electrical Permit #: _____

DESCRIPTION OF GOODS, MERCHANDISE, WARES: _____

DAYS AND HOURS OF SALE (SEASONAL VENDORS ONLY – PERMITTED ON SUNDAY):

| SUN | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | |

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELLULAR: _____

EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELLULAR: _____

EMAIL: _____



OPEN AIR VENDOR PERMIT APPLICATION

PLEASE BRING ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR APPLICATION.

- _____ USE OF PROPERTY – PROOF OF REAL PROPERTY OWNER’S OR LESSEE’S PERMISSION
 - _____ IF STATIONARY – NEED A DESCRIPTION OF ACCESS THE VENDOR AND ITS CUSTOMERS WILL HAVE ON SITE FOR RESTROOM AND SANITATION FACILITIES.
 - _____ IF ITINERANT (MOBILE) – NEED A DESCRIPTION OF THE APPLICANT’S PROPOSED ROUTES, AREAS OF OPERATION, AND METHOD OF SERVICE.
 - _____ SITE PLAN WITH DIMENSIONS (SKETCH IS ACCEPTABLE) AND BOUNDARIES OF PROPERTY LINE.
 - _____ IF REGULATED BY THE STATE OF FLORIDA, A COPY OF THE STATE LICENSE, AND INSURANCE.
 - _____ NON-PROFIT ORGANIZATIONS/BUSINESSES (501/3(c))– MUST PROVIDE PROOF OF NON-PROFIT STATUS
 - _____ APPLICATION/PERMIT FEE: **\$25.00** (NON-REFUNDABLE)
 - _____ COPY OF COMPANY’S BUSINESS TAX RECEIPT
- * BUSINESS TAX RECEIPT: IF **≥ 15** DAYS **\$172.00**; IF **<15** DAYS **\$114.66** (NO PRO-RATIONS)

REQUIREMENTS

PLEASE NOTE: IT SHALL BE UNLAWFUL FOR ANY OPEN AIR VENDOR TO OPERATE WITHOUT A VALID OPEN AIR VENDOR PERMIT GRANTED BY THE CITY MANAGER, AND ANY SUCH INFRACTION SHALL BE PUNISHED AS SET FORTH IN CHAPTER 2, ARTICLE II OF THE CITY CODE. (REFERENCE ORDINANCE 09-25)

ALL VENDORS

1. **PERMIT**
IF ELECTRIC IS BEING USED AN ELECTRICAL PERMIT WILL BE REQUIRED.
2. **HOURS OF OPERATION**
Can NOT conduct business before **9:00 a.m.** and after **9:00 p.m.** and on **Sundays** at any time.
(Seasonal Vendors Only - permitted on Sundays)

FOOD VENDORS

1. **ZONING**
LOCATIONS MUST BE ZONE C-2 ARTERIAL COMMERCIAL OR ALONG THE FRONTAGE OF DILLARD STREET BETWEEN THE INTERSECTIONS OF STORY ROAD AND FLORIDA STATE ROAD 50.
2. **PERMIT**
PERMIT SHALL BE EFFECTIVE FOR A PERIOD OF **Six (6)** MONTHS FROM THE DATE OF ISSUANCE.

NO MOBILE FOOD VENDOR SHALL SIMULTANEOUSLY CONDUCT BUSINESS OPERATIONS WITHIN 1,000 FEET OF ANOTHER OPEN AIR VENDOR.
3. **MOBILE**
MOBILE FOOD VENDORS MAY SERVICE ACTIVE CONSTRUCTION AREAS IN RESIDENTIAL DEVELOPMENTS IF PERMITTED.

SEASONAL VENDORS

1. **ZONING**
LOCATIONS MUST BE ZONED:
 - (A) C-2 ARTERIAL COMMERCIAL
 - (B) I-1 LIGHT INDUSTRIAL AND WAREHOUSING DISTRICT
 - (C) I-2 GENERAL INDUSTRIAL DISTRICT
2. **PERMIT**
PERMIT SHALL BE VALID FOR ONLY **THIRTY (30)** DAYS FROM DATE OF ISSUANCE.

A SEASONAL VENDOR MAY ONLY RECEIVE A MAXIMUM OF **THREE (3)** SEASONAL VENDING PERMITS WITHIN A **TWELVE (12)** MONTH PERIOD.

NO MORE THAN **THREE (3)** SEASONAL VENDING PERMITS MAY BE ISSUED FOR A SINGLE PARCEL WITHIN A **TWELVE (12)** MONTH PERIOD.

I, _____, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY PERMIT ISSUED TO ME. IT IS FURTHER UNDERSTOOD THAT THIS PERMIT IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS PROFESSION OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREIN AND THAT I WILL COMPLY WITH THE CODE OF THE CITY OF WINTER GARDEN. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE CITY CODE WILL RESULT IN REVOCATION OF SAID PERMIT. I UNDERSTAND THAT CONDUCTING BUSINESS WITHOUT A PERMIT SHALL BE PUNISHED AS SET FORTH IN CHAPTER 2, ARTICLE II OF THE CITY CODE.

APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____ BY _____, WHO DID NOT TAKE AN OATH.

PERSONALLY KNOWN OR;

Notary Seal

PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

SIGNATURE OF NOTARY

NOTE: ANY PERMITTEE WHOSE OPEN AIR VENDOR PERMIT IS SUSPENDED OR REVOKED, OR ANY APPLICANT WHOSE APPLICATION FOR AN OPEN AIR VENDOR PERMIT IS DENIED PURSUANT TO CITY CODE SHALL RECEIVE A STATEMENT, IN WRITING, OUTLINING THE REASONS FOR SUCH SUSPENSION, REVOCATION, OR DENIAL OF THE PERMIT. AN APPLICANT MAY APPEAL SUCH SUSPENSION, REVOCATION OR DENIAL OF THE PERMIT TO THE CITY COMMISSION BY FILING A WRITTEN REQUEST FOR APPEAL WITH THE CITY CLERK, ACCOMPANIED BY THE ADMINISTRATIVE APPELLATE FEE AS PERIODICALLY DETERMINED BY THE CLERK'S OFFICE, WITHIN TEN (10) DAYS AFTER THE DATE OF THE WRITTEN SUSPENSION, REVOCATION OR DENIAL. APPEALS FROM DECISIONS OF THE CITY MANAGER'S OFFICE, INCLUDING DECISIONS OF REVOCATION OR SUSPENSION, MADE PURSUANT TO THIS ARTICLE SHALL BE ADDRESSED BY THE CITY COMMISSION. WHEN TIMELY FILED, AN APPEAL SHALL BE HEARD AT THE NEXT REGULARLY SCHEDULED CITY COMMISSION MEETING, WHICH MEETING IS SCHEDULED AT LEAST FOURTEEN (14) DAYS AFTER THE FILING OF SUCH APPEAL. APPEALS FROM THE DECISIONS OF THE CITY COMMISSION SHALL BE AS PROVIDED IN STATE STATUTE 98-32 OF THIS CODE.

| For Office Use Only | | | |
|-----------------------|--|------------------------------------|---|
| TECHNICIAN INITIALS | <input style="width: 80%;" type="text"/> | DATE RECEIVED | <input style="width: 80%;" type="text"/> |
| | | <input type="checkbox"/> FEES PAID | <input style="width: 80%;" type="text"/> |
| | | | <input type="checkbox"/> Planning & Zoning |
| DATA CLERK INITIALS | <input style="width: 80%;" type="text"/> | DATE SCANNED | <input style="width: 80%;" type="text"/> |
| | | | <input type="checkbox"/> Building Department |
| P & Z APPROVAL | <input style="width: 80%;" type="text"/> | DATE APPROVED | <input style="width: 80%;" type="text"/> |
| CITY MANAGER/DESIGNEE | <input style="width: 100%;" type="text"/> | | Date <input style="width: 80%;" type="text"/> |
| CONDITIONS | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | <input style="width: 100%;" type="text"/> | | |
| | <input style="width: 100%;" type="text"/> | | |