

# 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](http://www.cityofflaglerbeach.com) or City Hall.

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

Date \_\_\_\_\_