



City of St. Augustine Police Department  
151 King St.  
St. Augustine, FL 32084  
Ph: 904-439-1181 | Fax: 904-823-4323  
Email: [mobilevendors@staugpd.com](mailto:mobilevendors@staugpd.com)

## Application for Mobile Vendors

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Driver's License or Government Issued ID Number: \_\_\_\_\_

Florida State Sales Tax Number: \_\_\_\_\_

### BUSINESS INFORMATION:

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Description of Goods Sold: \_\_\_\_\_

\_\_\_\_\_

Expected Locations for Vending Sales: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE:** PLEASE ATTACH COPY OF POLICY OF INSURANCE COVERAGE.

### MAILING ADDRESS FOR ALL NOTICES TO VENDOR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF COMPLIANCE:**

I HEREBY CERTIFY BY MY SIGNATURE BELOW THAT I HAVE RECEIVED A COPY OF AND HAVE READ THE PROVISIONS OF ORDINANCE NO. 2013-14 AND UNDERSTAND THE RULES AND REGULATIONS GOVERNING MOBILE VENDING IN THE CITY OF ST. AUGUSTINE AS DESCRIBED IN THAT ORDINANCE. I HEREBY FURTHER CERTIFY THAT I WILL COMPLY WITH ALL ORDINANCE AND REGULATORY TERMS APPLICABLE TO MOBILE VENDING AND THAT I HAVE NOT PREVIOUSLY VIOLATED ANY SUCH ORDINANCE OR REGULATORY TERM.

**APPLICATION DUE DATE:**

All applications for the mobile vendor permits shall be submitted no later than 5:00 p.m. on the 20th day of any month of space availability. If the 20th day is a weekend or legal holiday, applications shall be submitted no later than 5:00 p.m. on the next business day.

**SIGNATURE CERTIFICATION:**

I hereby certify that all statements made by me in this Mobile Vendor Permit Application are based on my personal knowledge and are true and correct. I further certify and acknowledge that any false statement made by me in this Application constitutes grounds for revocation of the permit granted.

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SIGNATURE

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FULL PRINTED NAME:

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DATE