



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

Application for VIC 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.

For Official Use:*Notes/Dirt Spot*

SIGNATURE

FULL PRINTED NAME:

DATE