



Peddler/ Mobile Vendor/Itinerant Merchant

Checklist:

- Copy of Driver's License
- Finger print card
- Submit Site Plan of location
- Written permission from property owner
- License from Florida Department of Business & Professional Regulation

- From One to Seven Consecutive Days:** Limited to (1) one permit every (6) months – Fee: \$50.00
- One Fiscal Year Permit:** Fee: \$175.00

Business Information

1. Name of Business _____
2. Address of Business _____
City _____ State _____ Zip _____ Business Phone (____) _____
3. Mailing address for Business _____
City _____ State _____ Zip _____ Business Phone (____) _____

Personal Information

1. Business Owners Name _____
2. Corporation Name _____
3. Mailing address for Owner _____
City _____ State _____ Zip _____ Home Phone (____) _____
Driver's License # _____ State _____ e-mail _____

Property Information (Where are you going to park your cart?)

1. Building Owner's Name _____
Address _____
City _____ State _____ Zip _____ Phone (____) _____
2. Describe type of business/profession at this location _____



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I understand that granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt, in which I intend to operate my business is appropriate for that type of business. Additionally, I understand that the granting of a Business Tax Receipt does not waive my responsibility to ensure that all applicable requirements have been met. Additionally, I agree to hold the City of DeLand harmless for any damages that I may incur from failure to meet all City of DeLand requirements.

Applicant Signature: _____ Date: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____ who is known to me or has produced
 _____ as identification and who did take an oath.

 Notary as to Owner _____
 Date

(Seal)

For Office Use Only

Building Department:

Approved by Chief Building Official _____ Date _____

Remarks: _____

Fire Department:

Fire Inspection: Yes No (\$35.00) Date of Inspection: _____ Fire Inspector _____

Other Fire Services/ Inspections (Based on Fee Resolution) :

Inspection type _____ Fee: _____

Remarks: _____

Planning & Zoning Department:

Zoning Approved: Yes No Date: _____ Initials: _____

Remarks: _____