SEASONAL SALE APPLICATION PROCEDURES

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The following items are among those required by the Belleview City Code and Florida Building Code. They must be included and completely filled out for the application package to be considered complete. If something does not apply please mark as such. If your application is found to be incomplete City staff will contact you within 3 full working days from the received date. I have read the statement above and understand that acceptance of this submission may be found to be incomplete after review and I may be required to provide further documentation.

Applicant Signature: ____________________________ Date: ________________

Applicant Name: (printed) ____________________________

1. Please submit the following for Seasonal Sale permits and approval:

   a. Submit application for tent (need to include: flame retardant certificate, site plan and notarized property owner permission).
   b. Business Tax Application (need copy of temporary sale permit).
   c. Development Services permit application.
   d. Sale/Special Exception Event Regulation Form (this form must be notarized).

   *****Other permits may need to be obtained if depending on type of sale.
   For questions call (352) 245-7021.

2. Pickup and pay for permit (Permit Tech will call when permit is ready for pickup).

3. Call and make appointment to have tent inspected by Fire Marshall’s Office
   And by Building Official at (352) 245-7021 prior to 5:00 p.m. for next work day inspection.
   Inspections are only done Monday – Thursday. **Any failed inspections will be subject to re-inspection fees - which must be paid prior to re-inspection.

4. When inspections are approved, please bring a copy of your signed permit card to the City of Belleview to obtain your Business Tax Receipt prior to starting the sale. Business Tax Receipts may be picked up Monday – Thursday between 7:00 a.m. and 5:00 p.m. For questions call (352) 245-7021.

****FOR VEHICLE SALES – NO VEHICLES ARE TO BE PLACED ON THE SITE UNTIL INSPECTIONS ARE APPROVED AND BUSINESS TAX RECEIPTS IS RECEIVED AND ON SITE.

****INFLATABLES REQUIRE A SEPARATE DEVELOPMENT SERVICES PERMIT.

****ONLY 32 SQUARE FEET OF SIGNAGE IS ALLOWED AND NO SIGNS ARE TO BE PLACED IN THE RIGHT OF WAY OR PLACED IN A WAY THAT Orestricts ACCESS VISIBILITY.

****PLEASE MAKE SURE ALL FORMS ARE COMPLETELY FILLED OUT, SIGNED AND NOTARIZED.
Temporary Tent Sale Application

Power Company: □ Duke Energy  □ SECO

Permit #:_____________  Parcel #:_____________  COB Reg. #:_____________

Business Location:______________________________________________

Type of Sale: □ Auto □ Fireworks □ Other:________________________________

Date of Sale:__________________________________________________

<table>
<thead>
<tr>
<th>Property Owners Information</th>
<th>Tenant Information</th>
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<tr>
<td>Name:_______________________</td>
<td>Name:_______________</td>
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<tr>
<td>Address:___________________</td>
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<td>Phone:____________________</td>
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The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies that all the above information is accurate.

Applicant signature _________________________ Date __________________________

Permit Expiration
This permit expires six (6) months from the date it is issued unless otherwise noted below or governed by law.

Permit Issued By
Name:__________________________
Date:__________________________

PLEASE INCLUDE THE FOLLOWING:

☐ A completed City of Belleview Business Tax Receipt form
☐ A site plan indicating tent location entry and exits and parking availability
☐ A notarized letter of authorization from the property owner
☐ A copy of tent flame retardant certificate
☐ A copy of any state license that may be required
☐ A completed development services permit application

PLEASE NOTE: INFLATABLES REQUIRE A SEPARATE DEVELOPMENT SERVICES PERMIT.
SEASONAL SALES/SPECIAL EVENT REGULATIONS

The following regulations must be adhered to and any vendor who fails to comply with the City of Belleview ordinances, regulations or procedures regarding Seasonal or Special Events shall be prohibited from operating as a Seasonal or Special Events Vendor in the City of Belleview for a period of twelve (12) months. The following is a list of requirements:

1. Permits must be pulled for any tent or trailers (or any other items requiring permits) that placed on property at which sales is to be held.
2. Business tax must be paid and receipt picked up after tent is inspected and prior to sale starting.
3. No large inflatables are allowed in the City of Belleview.
4. Any temporary signs (maximum allowed signage is thirty-two (32) square feet) placed on the property require temporary sign permits. No signs are allowed to be placed in any road right of way.
5. No seasonal or special event sale shall last more than six (6) weeks in duration.
6. All vendors shall comply with all applicable Federal, State, County and City laws and regulations.

By signing the following, you are agreeing to follow all regulations and understand that if not all regulations are adhered to your company will not be allowed to hold a seasonal or special event sale within the City of Belleview for a period of twelve (12) months.

__________________________________________________________ Date

Business Owner/Manager                                           Date

State of Florida
County of ______________

The foregoing instrument was acknowledged before me this _______ day of ___________, 20____ by ____________________, who is personally known to me or who has produced _____________________ as identification.

__________________________________________________________

Notary Signature

(Notary Seal)_____________________________________________

Name Printed or Stamped
SITE PLAN

Structures/Improvements
House SQFT ____________
Driveway ____________
Walkways ____________
Entry ____________
Patio ____________
Other ____________

Total Coverage ____________ (divided by) Lot Size ____________ (equals) _____ % of lot coverage

ALL CHANGES MUST BE APPROVED BY THE DEVELOPMENT SERVICES DEPARTMENT

Site plan submitted by: ________________________________ ______________________________
Signature Title

Note: Signature indicates that you are certifying the information provided on this site plan is true and accurate.

Plan Approved ________________ Not Approved ________________ Date ______________________

Approved by: ________________________________, City of Belleview Development Services Department
BUSINESS TAX APPLICATION
(SEASONAL SALE)

Business Name, Address & Telephone  Owner’s Name, Address & Telephone
__________________________________  ____________________________________
__________________________________  ____________________________________
__________________________________  ____________________________________
__________________________________  ____________________________________

Mailing address (if different from business address):
____________________________________________________________________________

If Corporation list members or officers: _____________________________________________
_____________________________________________________________________________

Emergency Name, Address & Telephone
1) _________________________________  2) _______________________________
___________________________________      _________________________________
___________________________________                  _______________________________
___________________________________                  _______________________________

Business Information:

Dates of sale at this address _______________________________________________________

Form of Business __________________________________________________________________

If retail or professional services specify type _________________________________________

(Confidential information: Fold at line for Public Records Copies)

Drivers License Number ___________________________ Date of Birth __________________
Please complete the sections applicable to your business:

Additional Requirements:

- Eligible for Exemption  □Yes  □ No  Reason ____________________________
- State Certification Number ___________________ Expiration ____________
- State Registration Number ___________________ Expiration ____________
- State Exemption certificate ___________________________________________
- Health Department Certificate _______________________________________

Department of Agriculture 1-800-435-7352
Department of Business and Professional Regulations 1-850-487-2252
Department of Health 1-904-487-3220

Please supply the City with a copy of all other license held by your business.

***By signing the following you are agreeing to follow all regulations and understand that if not all regulations are adhered to your company will not be allowed to hold a seasonal or special event sale within the City of Belleview for a period of twelve (12) months.

The undersigned does hereby request that an business tax receipt be issued on the basis of the above information with the understanding that all of the City of Belleview ordinances shall be complied with whether specified or not. All information supplied shall become public record.

I swear or affirm that the above information is true and correct to the best of my knowledge:

_____________________________________________________   Date ___________________
Signature

Title of Applicant ______________________________________________________________