



CITY OF BELLEVUE

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St. Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

SEASONAL SALE APPLICATION PROCEDURES

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 three business days from the received date.

1. Please submit the following for Seasonal Sale permit approval:
 - a. Application for temporary tent sale (need to include: Certificate of Flame Resistance, site plan (exterior and interior) and notarized property owner permission or lease agreement).
 - b. Seasonal Sales/Special Event Regulations Form (this form must be notarized).
 - c. Business Tax Application
 - d. Payment for permit

****Other permits may need to be obtained depending on type of sale****
2. Pick up permit (Permit Tech will call when permit is ready for pickup).
3. Call and make appointment to have tent inspected by a Building Official at (352) 245-7021 Ext. 2105, prior to 3:00 p.m. for next business day inspection. Building/Tent Safety Inspections are available Monday – Thursday. **Tent sales also require a fire safety inspection.** These inspections are conducted by Marion County Fire Prevention. Please call their office at 352-291-8000 to schedule their inspection.

****Tents must be completely set up with product and any generators/lighting in place prior to scheduling inspection. Any failed inspections will be subject to re-inspection fees, which must be paid prior to re-inspection. ****
4. Once the inspections have been 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 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 OBSTRUCTS ACCESS VISIBILITY.**

******PLEASE MAKE SURE ALL FORMS ARE COMPLETELY FILLED OUT, SIGNED AND NOTARIZED.**

I have read the statements 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: _____



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Temporary Tent Sale Application

Power Company: Duke Energy SECO

Permit #: _____ Parcel #: _____ COB Reg. #: _____

Business Location: _____

Type of Sale: Auto Fireworks Other: _____

Date(s) of Sale: _____

Property Owners Information	Tenant Information
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

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	Permit Issued By
This permit expires on the last date of the sale, unless otherwise noted on the permit card.	Name: _____
	Date: _____

PLEASE INCLUDE THE FOLLOWING:

- A completed City of Belleview Business Tax Receipt form
- A site plan indicating tent location entry and exits, parking availability, portable toilets, generators, etc.
- A tent layout showing tables and signage
- A notarized letter of authorization from the property owner or signed lease agreement
- A copy of tent flame retardant certificate
- A copy of any state license that may be required

PLEASE NOTE: INFLATABLES REQUIRE A SEPARATE DEVELOPMENT SERVICES PERMIT.



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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 are 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.

Business Owner/Manager

Date

State of Florida

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, 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



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**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)

Driver's 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 any/all other licenses 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 _____