



OPEN-AIR SOLICITOR PERMIT APPLICATION

PLEASE BRING ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR APPLICATION.

- _____ IDENTIFICATION – A COPY OF A VALID DRIVER’S LICENSE OR PHOTO IDENTIFICATION
 - _____ CREDENTIALS – COMPANY IDENTIFICATION
 - _____ COPY OF COMPANY’S BUSINESS TAX RECEIPT
 - _____ REFERENCES – NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE (3) PERSONAL REFERENCES
 - _____ APPLICATION/PERMIT FEE **\$25.00** (NON-REFUNDABLE)
 - _____ COPY OF BUSINESS TAX RECEIPT
- * BUSINESS TAX RECEIPT: **\$86.00** (NO PRO-RATIONS)

REQUIREMENTS

PLEASE NOTE: IT SHALL BE UNLAWFUL FOR ANY OPEN AIR VENDOR TO OPERATE WITHOUT VALID OPEN AIR VENDOR PERMIT GRANTED BY THE CITY MANAGER, AND ANY SUCH INFRACTION SHALL BE PUNISHED AS SET FORTH IN CHAPTER 2, ARTICLE II OF THE CITY CODE. (REFERENCE ORDINANCE 09-25)

PROHIBITIONS:

IT IS UNLAWFUL FOR ANY INDIVIDUAL SOLICITOR, AGENT OR PEDDLER TO:

- (1) ENTER THE PREMISES OF A PRIVATE RESIDENCE, GATED COMMUNITY, OR BUSINESS ESTABLISHMENT FOR THE PURPOSE OF SELLING OR SOLICITING ORDERS FOR GOODS, WARES, MERCHANDISE, PERSONAL SERVICES, OR INFORMATION WHEN A SIGN STATING “NO SOLICITORS” IS POSTED.
- (2) REMAIN UPON ANY PREMISES AFTER THE OWNER OR OCCUPANT REQUESTS THE SOLICITOR TO DEPART.
- (3) Conduct business before **9:00 a.m.** and after **9:00 p.m.** and on **Sundays** at any time.
- (4) Approach back or rear doors or the sides or rear of residential premises.



OPEN-AIR SOLICITOR PERMIT APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELLULAR PHONE: _____

EMAIL: _____ Length of Time at this Address: _____

MAILING ADDRESS
 (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT DESCRIPTION:

Height _____

Weight _____

Hair Color _____

Eye Color _____

Race/Ethnic Group _____

Distinguishing Marks _____

BUSINESS INFORMATION: (Name and Address of Person or Company Whom Applicant is Employed By or Who Applicant Represents)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS FACSIMILE: _____

EMAIL: _____

MAILING ADDRESS
 (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

FEIN: _____ Length of Time Employed: _____

IF LENGTH OF EMPLOYMENT IS LESS THAN ONE (1) YEAR PROVIDE PRECEDING EMPLOYMENT HISTORY: _____

DESCRIPTION OF GOODS, MERCHANDISE, WARES OR SERVICES: _____

I, _____, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY PERMIT ISSUED TO ME. IT IS FURTHER UNDERSTOOD THAT THIS PERMIT IS FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS PROFESSION OR OCCUPATION SHOWN AND ONLY AT THE LOCATION SHOWN HEREIN AND THAT I WILL COMPLY WITH THE CODE OF THE CITY OF WINTER GARDEN. FAILURE TO CORRECT CONDITIONS ON THE PREMISES THAT ARE IN VIOLATION OF THE CITY CODE WILL RESULT IN REVOCATION OF SAID PERMIT. I UNDERSTAND THAT CONDUCTING BUSINESS WITHOUT A PERMIT SHALL BE PUNISHED AS SET FORTH IN CHAPTER 2, ARTICLE II OF THE CITY CODE.

APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____ BY _____, WHO DID NOT TAKE AN OATH.

- PERSONALLY KNOWN OR;
- PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

Notary Seal

SIGNATURE OF NOTARY

NOTE: ANY PERMITTEE WHOSE OPEN AIR VENDOR PERMIT IS SUSPENDED OR REVOKED, OR ANY APPLICANT WHOSE APPLICATION FOR AN OPEN AIR VENDOR PERMIT IS DENIED PURSUANT TO CITY CODE SHALL RECEIVE A STATEMENT, IN WRITING, OUTLINING THE REASONS FOR SUCH SUSPENSION, REVOCATION, OR DENIAL OF THE PERMIT. AN APPLICANT MAY APPEAL SUCH SUSPENSION, REVOCATION OR DENIAL OF THE PERMIT TO THE CITY COMMISSION BY FILING A WRITTEN REQUEST FOR APPEAL WITH THE CITY CLERK, ACCOMPANIED BY THE ADMINISTRATIVE APPELLATE FEE AS PERIODICALLY DETERMINED BY THE CLERK'S OFFICE, WITHIN TEN (10) DAYS AFTER THE DATE OF THE WRITTEN SUSPENSION, REVOCATION OR DENIAL. APPEALS FROM DECISIONS OF THE CITY MANAGER'S OFFICE, INCLUDING DECISIONS OF REVOCATION OR SUSPENSION, MADE PURSUANT TO THIS ARTICLE SHALL BE ADDRESSED BY THE CITY COMMISSION. WHEN TIMELY FILED, AN APPEAL SHALL BE HEARD AT THE NEXT REGULARLY SCHEDULED CITY COMMISSION MEETING, WHICH MEETING IS SCHEDULED AT LEAST FOURTEEN (14) DAYS AFTER THE FILING OF SUCH APPEAL. APPEALS FROM THE DECISIONS OF THE CITY COMMISSION SHALL BE AS PROVIDED IN STATE STATUTE 98-32 OF THIS CODE.

For Office Use Only

APPLICATION

TECHNICIAN INITIALS	<input type="text"/>	DATE RECEIVED	<input type="text"/>	<input type="checkbox"/> FEES PAID	<input type="text"/>	<input type="checkbox"/> IDENTIFICATION
DATA CLERK INITIALS	<input type="text"/>	DATE SCANNED	<input type="text"/>		<input type="text"/>	<input type="checkbox"/> POLICE DEPT COPY
					<input type="text"/>	<input type="checkbox"/> P & Z COPY

Date

APPROVAL

BUILDING DEPT	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONDITIONS	<input type="text"/>			
	<input type="text"/>			