



GROWTH MANAGEMENT DEPARTMENT
201 SE 3RD STREET (Second Floor), Ocala, FL 34471
Email: building@ocalafl.org; Phone: (352) 629-8421

GUIDELINES FOR MOBILE VENDOR LICENSE

\$50.00 APPLICATION FEE (NON – REFUNDABLE)

\$150.00 LICENSE FEE (RENEWAL YEARLY)

**** ZONING APPROVAL REQUIRED****

All businesses are required to secure a Mobile Vendor's License unless they are exempt per City of Ocala code section 22-344. Exempted uses must secure an occupational license per section 22-356.

It is **Your responsibility** to find out all the requirements that you need to meet before you open your business.

- Applicant must submit the following to constitute a complete application:
 - Mobile Vendor application
 - Submit one photograph of the applicant, taken within 60 days immediately prior to the date of filing of the application, which picture shall not be larger than two square inches and not smaller than one square inch, showing the head of the applicant clearly.
 - A description of the vehicle and/or nonpermanent structure to be used in the business, including model, year, manufacturer, color and license number; and length of time for which the right to do business is desired. **OVERNIGHT PARKING IS PROHIBITED.**
 - Provide reference letters from at least two reliable property owners of Marion County who will certify as to the applicant's good character and business respectability, or, in lieu of the letters of references, such other available evidence of the good character and business responsibility of the applicant which will enable an investigator to evaluate properly such character and business responsibility
 - OPD Social Security collection form
 - OPD Background Check form
 - Provide a Florida Department of Law Enforcement Criminal History Information Report. Applicant can obtain online at your own cost at www.fdle.state.fl.us (Criminal History Records-My Florida Private Eye) or call 850-410-8109
 - Letter of Consent from the property owner where the vendor will be operating
 - Copy of Drivers License
 - \$50 application processing fee
 - \$150 Business Tax Certificate Fee (per category, per person)
- If license is for used goods, a Second Hand Dealers license must also be secured

Seasonal items (x-mas trees, pumpkins, and fireworks) are allowed in **B-2, B-4, B-5, SC, M-1, and M-2** zones. (A Business Tax Certificate application will be required in lieu of the Mobile Vendor License.)

Food & Beverage for human consumption is allowed in **B-4, B-5, GU, M-1, M-2, and SC** zones.

****Food vendors need proof of inspection by the Division of Hotels and Restaurants (DBPR – 850-487-1395) to obtain a permit. Pre-packaged foods need approval from the Department of Agriculture (800-435-7352).**

All other goods are allowed in a **B-5** zone only.

The Mobile Vendor's certificate shall be displayed in a prominent location or on the person along with the ID tag issued by the City of Ocala.

****If you have any questions or need additional information, please call 352-629-8421****



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd Street (Second Floor), OCALA, FL 34471
Email: building@ocalafl.org; Phone: (352) 629-8421

City of Ocala

MOBILE VENDOR APPLICATION

APPLICATION FEE \$50.00 (NON – REFUNDABLE)

**** ZONING APPROVAL REQUIRED****

Business Name _____

Form of Business: () Individual () Partnership () Corp. () LLC FEIN: _____

Applicant Name _____

Local Address _____

Telephone: Local _____ Cell _____ Fax _____

E-mail Address _____

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Description of business and goods to be sold _____

Category (check all that apply)	Edibles _____	Fee \$150.00
	Goods _____	Fee \$150.00
	Services _____	Fee \$150.00
	Rentals _____	Fee \$150.00

Vehicle Description and or Structure to be used _____

Make _____ Model _____ Year _____ Color _____ Vehicle License # _____

Name and address of employer _____

Length or duration of sales _____

LOCATION OF SALES _____

Name and address of two reliable people that own property in Marion County, and can attest to your good character and respectability

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

Have you ever been convicted of a felony or misdemeanor or violation of any municipal ordinance? _____

If yes, describe the offense and the penalties imposed. _____

I understand that as a Mobile Vendor I may not: (per Sec 22-358):

1. Obstruct vehicular or pedestrian traffic.
2. Enter upon side walks or foot paths except in a GU zone.
3. Enter any zoning district except as permitted by Sec 122-282.
4. Enter upon any no parking area or loading zone.
5. Enter upon a metered public parking space, unless, in a non-GU zone, the required meter amounts are paid as due.
6. Stop or stand any vehicle so as to interfere with the normal flow of traffic.
7. Enter within 500' of any elementary or secondary school during a period commencing 30 minutes before classes begin and expiring 30 minutes after classes are concluded each day.
8. Station yourself, vehicles, goods, or displays within 500' of any licensed businesses which offer for sale the same goods or services, except in a GU zone.
9. Leave any vehicle or non-permanent structure unattended for a period of longer than one hour.
10. Fail to have the appropriate number of fire extinguishers-if required.
11. Display any signs not in conformance with the City of Ocala sign ordinance.

Applicant's Signature _____ Date _____

Applicant please check all that are attached:

SS. Form _____ Applicant Photo _____ 2 Reference Letters _____ FDLE Report _____

Property Owner Consent Letter _____ Copy of Drivers License _____ \$50 Application Fee _____

OPD Background Check _____

FOR OFFICE USE ONLY

Zoning Classification _____ Verified on _____ by _____

Approved by: _____ (Official) on _____ (Date)

TOTAL FEES DUE _____

DATE RECEIVED: _____

BUSINESS LICENSE # _____



City of Ocala

COLLECTION OF SOCIAL SECURITY NUMBER

THE CITY OF OCALA DEPARTMENT OF PLANNING AND DEVELOPMENT IS REQUESTING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER. SUCH DISCLOSURE IS **MANDATORY**.

COLLECTION OF YOUR SOCIAL SECURITY NUMBER IS FOR THE FOLLOWING PURPOSES:

____ BACKGROUND CHECK

____ IDENTIFICATION AND VERIFICATION

____ CREDIT WORTHINESS

NAME: _____

SOCIAL SECURITY NUMBER: _____

THIS FORM WILL BE DESTROYED UPON COMPLETION OF APPLICATION.

FDLE Background Check Required

Provide a Florida Department of Law Enforcement Criminal History Information Report. Applicant can obtain online at your own cost.

Available at www.fdle.state.fl.us (Criminal History Records-My Florida Private Eye), or call 850-410-8109