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## Walton County Planning and Development Services

### APPLICATION FOR VENDING PERMIT

#### Application Package Contents

**ALL APPLICATIONS SHALL BE SUBMITTED USING THE ONLINE PORTAL**

<https://www2.citizenserve.com/waltonplanning>

Roadside Vending Operations. A roadside vending operation is permitted in any district, with the exception of the designated Scenic Corridors within Walton County. The maximum length of permit shall be for six months of each calendar year. Walton County Land Development Code 2.02.00.C.4.a

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## SUBMITTAL CHECKLIST

### APPLICATION FOR VENDING PERMIT – INITIAL SUBMITTAL WILL INCLUDE THE FOLLOWING ITEMS

If any submittals do not meet these requirements, they will not be accepted

*(Credit Cards Accepted or Check payable to Walton County)*

- Fee for Vending Permit Application: \$225
- Proof of Ownership or copy of lease agreement
- Completed Application
- Original notarized letter from the property owner granting permission for the vending activity to take place on the parcel described in application
- Copy of site plan at a scale of no more than 1 inch = 50 feet. Show the property boundaries, adjacent rights-of-way, all existing structures, all proposed structures, setbacks from property lines, and parking areas, which must be located on-site. The parking spaces must be 9 feet wide and 20 feet deep and have a 24-foot wide/deep parking aisle. All structures including storage structures must meet county setbacks for commercial development and are prohibited within the Coastal Protection Zone. All structures must be setback 25 feet from the front property line, 10 feet from all side property lines, 20 feet from the rear property line, and located at least 25 feet from any jurisdictional wetland.
- If food is being served, submit letter of approval from the Walton County Environmental Health Office and approval from the Florida Department of Business Regulation

**Applicant**

Name: \_\_\_\_\_

If company or corporation, name of secretary or officer

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Owner (if different from applicant)**

Name: \_\_\_\_\_

If company or corporation, name of secretary or officer

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Intended Use of Property: \_\_\_\_\_

**Agent Affidavit / Special Power of Attorney**

STATE OF FLORIDA COUNTY OF WALTON

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ am presently the owner and/or leaseholder of \_\_\_\_\_ and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_. County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney full power to act as my agent in the process of obtaining an \_\_\_\_\_ pertaining to \_\_\_\_\_.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary tasks in the execution of aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

[ ] Physical Presence

- OR -

[ ] Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_, for \_\_\_\_\_.

Printed Name of Notary Public

\_\_\_\_\_  
Signed Name of Notary Public

\_\_\_\_\_  
Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(SEAL)

**FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT**

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 .

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature

Printed Name

Date

\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

Physical Presence

- OR -

Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_, as \_\_\_\_\_,

for \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_