

Walton County Code Compliance
46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459
Phone 850-622-0000

2022 BEACH VENDOR CHECK LIST

MISCELLANEOUS OPERATIONS PERMIT

VENDOR/BUSINESS NAME: _____

- 1. Acknowledgment Letter _____
- 2. Completed Application _____
 - a. Inventory list per site
 - b. Notarized affidavit
- 3. Liability Insurance – Two (2) Certificate Holders Required _____
 - (1) Walton County Board of County Commissioners
Address: 76 N 6th Street, Defuniak Springs, FL 32433
 - (2) Walton County Beach Code Enforcement
Address: 46 Coastal Centre Blvd., Santa Rosa Beach, FL 32459
- 4. Phone Numbers _____
- 5. Payment to: Walton County BCC (due when approved) _____

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2022 BEACH VENDING – MISCELLANEOUS OPERATIONS - APPLICATION

Miscellaneous Operations Permit Fee: \$250.00

NAME/TITLE: _____

SECONDARY CONTACT: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

MOBILE: _____

FAX NUMBER: _____

EMAIL ADDRESS (REQUIRED): _____

APPLICATION TYPE: **MISCELLANEOUS OPERATIONS**

VENDING TYPE (I.E. Photographer, Wedding Officiant, Musician, Yoga etc.): _____

PLEASE LIST BUSINESS INVENTORY (BEACH ITEMS) BELOW

QUANTITY	DESCRIPTION

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Submittal Requirements

1. Certificate of Liability Insurance within Walton County guidelines.
2. List of all inventory.
3. Notarized forms must be originally signed. Copies of notarized forms will not be accepted. Notaries are in the Beach Code Enforcement office. There are no fees for notary services.
4. Submit applications to Walton County via website link provided.
5. Payment can be made by check or credit/debit cards (fees do apply).
Make checks payable to: Walton County BCC

Note:

- Permits do not grant vending rights seaward of the Erosion Control Line.
(Exception: Water Based Activities utilizing corridors to the water's edge)
- Set-up time for vendors will be as stated in the ordinance.
- Take-down time for vendors will be 1 hour after dusk or based on Special Event Permit timeframes.

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REQUIRED SIGNATURE

I agree that the Walton County personnel or any assigned agents may inspect for the purpose of verifying the conditions that affect this application and to verify information that I provided as part of this application.

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 official duty shall be guilty of a misdemeanor of the second degree.

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 of Signature

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared

_____, who is personally known to me or who has produced

_____ as identification, and who executed the foregoing instrument.

Given under my hand and seal this _____ day of _____, 2022.

Signed Name of Notary Public

{Seal}

Printed Name of Notary Public

Commission Number: _____

Expiration Date: _____

NOTE: This application will not be processed without a Notary Public Witnessed Signature by the Applicant.

THIS SUBMITTAL WAS CHECKED BY:

Walton County Staff Signature

Date

Acknowledgment Letter

Acknowledgment of Receipt of, and Acknowledgment to Comply with,

**Walton County Municipal Code, Chapter 22 Walton County
Waterways and Beach Activities Ordinance
(Referred to as the Walton County Beach Activities Ordinance)**

The undersigned, by and for (Company Name) _____,
by execution of this document hereby acknowledges receipt of the current
Walton County Ordinance commonly referred to as the Walton County Beach
Activities Ordinance, and hereby agrees to read said ordinance and *require all
persons working for the above named entity to adhere, abide and comply with
and to the provisions contained therein.*

The undersigned, acting on behalf of and with full authority to commit the entity
identified below, acknowledge receipt of, and agrees to be bound by all terms
contained in, the above-referenced ordinance.

Printed Name

Signature

Company

Title

Date