

2022 BEACH VENDOR CHECK LIST
PARASAIL VENDING APPLICATION

VENDOR/BUSINESS NAME: _____

1. Acknowledgement Letter _____
2. Completed Application _____
 - a. Inventory list per site
 - b. Notarized affidavit
3. Area identified w/site plan (Site Specific Permits Only) _____
4. 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 _____
5. Phone Numbers of marine radio or cell phone/proof _____
6. Inventory list per site _____
7. Permission/consent letter (Site Specific Permits Only) _____
8. Proof of Lifesaving Training Certification(s) for all employees
Mandatory for **ALL** Watersports per 22-60 (e) (4) _____
9. Evidence of Florida registration of vessel /description _____
10. Proof of Current United States Coast Guard Certification that
the parasail operator is a registered boat captain _____
11. Beach item permit and decals _____
12. Payment to: Walton County BCC (**due when approved**) _____

Walton County Code Compliance

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

2022 PARASAIL VENDING PERMIT APPLICATION

Name of Owner: _____ Business Name: _____

Address of Owner: _____

Email Address (required): _____

Telephone: _____ Fax: _____ Mobile: _____

(Telephone or Marine Radio must be located at operations center)

(If name, location and mailing address of parasail amusement is different from above then list below):

Location of vending area: _____

Description of tow boat and device to be pulled: _____

Submittal Requirements

- Copy of certification of Title/Florida registration.
- Proof of insurance (policy attached).
- Proof of telephone and marine radio at operations center.
- Copy of certification of boat captain's license for parasail operator.
- Land based location with direct access to the beach in the immediate area where the vending services are being provided (Proof of Ownership or Lease of Property, Site Specific Consent Authorization Form from property owner, and 911 address of location site.)
- Provide access corridors not to exceed 50 feet in width (site plan showing boundaries of leased or owned area; provide map for location site.)
- Notarized affidavit from property owner giving approval or contract (lease) allowing establishment of a pull-in site.
- List of all inventory stored at site of vending.
- Provide proof of at least one operational life vest for each occupant space on the vehicle.
- Application Fee of \$ 1,000.00 plus \$1,000.00 per additional location** (make checks payable to Walton County)

*** Each registration shall expire on February 1 of each year regardless of date of issuance.

I have read the Walton County ordinance which regulates county parasailing operations and I understand its terms and provisions.

Applicant Signature _____ Date: _____

Approved _____ Date: _____

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

REQUIRED SIGNATURE

I agree that the Walton County personnel or any assigned agents may enter the property for the purpose of verifying the conditions that affect this application, for periodic inspections, 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 Walton
County Ordinance commonly referred to as the current 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

Walton County Code Compliance

46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459

Site-Specific Beach Vending Permit Authorization

Instructions:

Company Owned Property – This authorization must be signed by an officer of the company and notarized **OR** accompanied by a photo ID containing a signature. In addition, proof that the signer is an officer of the company must be attached, i.e. a copy of a corporation document or copy of Annual Corporation filing with the state of origin.

Individually Owned Property/Property Manager – This authorization must be signed by the owner/property manager and notarized **OR** accompanied by a copy of a photo ID containing a signature.

Property Owner(s) (Names as listed on deed) Name/Title (If Company/Property Mgr.)

Mailing Address State Zip

Contact Phone Number Email Address

Walton County Gulf Front Property Location (Physical Address or Parcel Identification)

As owner/manager of the property listed above, I am authorizing the following person(s) or beach service vendor(s) to conduct **Beach Vending Operations** on said property within the guidelines set forth by Walton County Municipal Code Chapter 22. Owner/manager signature authorizes Beach Code Compliance access to the property to enforce Walton County Codes and Ordinances. Please contact Walton County Beach Code Compliance for permitting questions.

(Name of Authorized Individual or Vendor)

Activities Authorized/Permissible:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vend/Solicit – Exclusive Vendor | <input type="checkbox"/> Vend Beach Chairs/Umbrellas | <input type="checkbox"/> Traverse Beach (Foot Traffic Only) |
| <input type="checkbox"/> Set Up of Equipment Only | <input type="checkbox"/> Vend Watersports Operations | <input type="checkbox"/> Traverse Beach (ATV/Vehicle Only) |
| <input type="checkbox"/> Allow Bonfires | <input type="checkbox"/> Vend Parasail Operations | <input type="checkbox"/> Security Permit |
| <input type="checkbox"/> Allow Storage Box(es) | <input type="checkbox"/> Vend Jet-Ski Operations | <input type="checkbox"/> _____ |

Time duration in which authorization is valid: *[Written annual authorization will be required each vending season]*

(Date From) - (Date To)

Property Owner/Manager/Company Officer Signature Printed Name of Property Owner/Mgr./Officer

Date

Given under my hand and seal this _____ day of _____, 20_____.

Signed Name of Notary Public

{Seal/Stamp

Printed Name of Notary Public

Commission Number: _____

Expiration Date: _____