



Town of Medley
Mobile Vendor Business Tax Receipt Application

Type of Business
 New Renewal

FOR OFFICE USE ONLY

Payment Date: _____

Cash: _____ Check: _____

CC: _____

Total: _____

License #: _____

Mobile #: _____

1. Date of Application: _____

2. Name of Business: _____

3. Phone No: _____ Fax: _____

4. Email Address: _____

5. Business Address: _____ City: _____ State: _____ Zip: _____

6. Mailing Address: _____ City: _____ State: _____ Zip: _____

7. If applicable, please select the option that applies:

Food is prepared & cooked on site. Prepackaged food, beverages and/or ice cream.

8. Hours of Operation: _____

9. Primary/Owner's Information: _____

a. Name: _____ D.O.B. ____/____/____ Title: _____

Address: _____ Phone Number: _____

10. Description of vehicle to be licensed

Year: _____ Make: _____ Model: _____ Color: _____

Tag Number: _____ State: _____ Year: _____

Vehicle Identification Number: _____

11. List Person(s) authorized to operate the above-mentioned vehicle within the Town of Medley

1. Name: _____ Phone Number: _____ D.O.B. ____/____/____

Address: _____ City: _____ State: _____

Driver's License Number: _____ Occupation: _____

2. Name: _____ Phone Number: _____ D.O.B. ____/____/____

Address: _____ City: _____ State: _____

Driver's License Number: _____ Occupation: _____

• **You must submit the following requirements:**

- Health Inspection (Florida Department of Agriculture License)
- Property owner or tenant's Certificate of Use from the Town of Medley (If applicable)
- Miami Dade Fire Department Inspection
- Insurance
- Letter from owner/Lease agreement (If applicable) & Survey or Site Plan
- Owner's Identification

It is your responsibility to be aware of legal restrictions regarding your business that may be contained in the statutes, laws, codes, rules and regulations of the United States, the State of Florida, the County of Miami-Dade and the Town of Medley.

Affidavit

I, _____, certify under penalties of perjury, that I have read the entire application and
(Print applicant name) (Print Title)

The above stated information is true and correct. _____ (signature)
Sworn to and Subscribed before me by _____ who is personally known to me or has produced _____ as identification, this _____ day
of _____ 20 _____.

(Notary's signature and stamp)

Approved By: _____ **Date** ____/____/____ **(Code Compliance)**
Restrictions _____