



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: _____