



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)
Insurance
Letter from owner/Lease agreement (If applicable)
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, (Print applicant name) (Print Title), certify under penalties of perjury, that I have read the entire application and
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