



# Seasonal/Temporary Sales Permit Application

## City of Orange City

Development Services Department  
205 E. Graves Avenue, Orange City, FL 32763  
Phone: 386-775-5415 Fax: 386-775-5420

Date Received \_\_\_\_\_  
Permit # \_\_\_\_\_  
Permit Fee \$ \_\_\_\_\_

**Seasonal/Temporary Sales\***     **Other** \_\_\_\_\_

\* Any applicant may apply for up to a maximum of four seasonal sales during any 12-month period.

Associated Permits (i.e. Special Event, Temporary Sign) if applicable: \_\_\_\_\_

## Business Name / Location of the Temp Sales

**Business Name** \_\_\_\_\_ Phone \_\_\_\_\_

Company Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

I am (check all that apply)  owner of the property     owner of the business     authorized agent of owner/business

Business Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Property Owner Information

**Is applicant or the business the property owner?**     Yes     No

If **no**, the Applicant may be the Authorized Agent of the Owner:     See Attached Owner Authorization

If business owner **DOES NOT** own property, please provide the following:

**Property Owner Name** \_\_\_\_\_ Phone \_\_\_\_\_

Property Management Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

## Subject Property Information

Tax Parcel ID Number \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

Building Width / Suite Width \_\_\_\_\_ feet

Property Acreage: \_\_\_\_\_

Plaza Name \_\_\_\_\_

## Sale Details & Duration of Sales

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Temp. Sign: Width \_\_\_\_\_ x Height \_\_\_\_\_ = \_\_\_\_\_ sq.ft

Temp. Structure Type: \_\_\_\_\_

Temp. Structure Size: Width \_\_\_\_\_ x Length \_\_\_\_\_ = \_\_\_\_\_ sq.ft

Height \_\_\_\_\_



# General Provisions Seasonal Sales – Code of Ordinances

## Reference Chapter 10, Section 10.7-10.5

You may access the City’s Code of Ordinances at [www.library.municode.com](http://www.library.municode.com)

### Information Required with Permit Submittal

- Completed application with all required signatures.
- Owner/Property Management Authorization if the applicant is not the owner, or if the temp/seasonal sale will be located within a Multi-Tenant Plaza or Building.
- Site plan with setbacks showing where any temporary structures are to be placed with clear measurements of setbacks (*minimum 35’ from sides and rear, minimum 50’ from front.*)
- Completed temporary sign permit application for any proposed temporary sign. (*Only 1 sign is permitted per seasonal merchant **and** must be 15 square feet or less*)
- Flame retardant certificate for tents (*if applicable*)
- Proof of insurance (certificate of liability and property damage).
- Completed electrical permit for any proposed lighting/generator use. (*if applicable*)
- Applicable federal, state, retail or wholesale licenses.
- Product List of items being sold (*for fireworks*)
- Site plan indicating product placement in accordance with NFPA 1124 or NFPA 102 (*fireworks only*)

### Applicant’s Signature

I, the Undersigned Applicant, agree that I / (We) am / are the owner(s) of the above mentioned subject property or have received owner authorization from the owner or the authorized Property Management Company, and agree that all of the above information is true and correct to the best of my knowledge. I understand that no sales activity is to begin until the Seasonal/Temporary Sales Permit is fully approved and all permit fees have been paid.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Applicant’s Name

\_\_\_\_\_  
Contractor’s License #

### Property Owner / Property Management

I, the property owner or the authorized property management company of the above mentioned subject property has reviewed the attached proposed Seasonal/Temporary Sales application, and authorize the merchant to engage in the sale of seasonal merchandise, as shown by the applicant. I certify that the requested seasonal sale will be in compliance with Section 10.7-10.5 of the Code of Ordinances. I agree that all of the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

***DO NOT WRITE BELOW THIS LINE - For Staff Use Only***

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Development Services Department

Revisions Requested: \_\_\_\_\_

Plans Resubmitted: \_\_\_\_\_

Date  Approved  Denied  Approved with Conditions

Date Sufficient: \_\_\_\_\_