



MIAMI BEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov
FINANCE DEPARTMENT

NON-PROFIT VENDOR AND DISTRIBUTOR PERMIT APPLICATION

Dates Permit requested for _____ through _____

(Directions on reverse side)

Application must be legible (typed or printed). No Corrections Allowed. A new application will have to be submitted

(1) _____ (2) _____
Full Name of Non-Profit Organization (ATTACH VALID 501C(3) CERTIFICATE) Date

(3) _____ (4) _____
Address of Organization, City, State, Zip E-Mail Address

Printed Full Name of Non-Profit Vendor or Distributor Current Address Phone# Social Security Number
Fax _____
Day _____
Other _____

(5) _____

Printed Names of Persons Vending or Distributing at Location Social Security Number
(If different from above)

(6) _____

Description of Merchandise to be Vended or Distributed(7) _____

Mission(8) _____

I agree to hold harmless the City and it's elected and appointed officials, employees, agents and independent contractors from and against any and all actions, lawsuits, claims, liabilities, damages, judgments, sums of money, losses and expenses in law or in equity, including, but not limited to, attorneys' fees and cost at the trial court and all appellate levels which may arise or be alleged to have arisen in connection with the selection process, my presence and vending and/or performing activities on or about public property.

I HAVE READ AND UNDERSTAND CHAPTER 86 ARTICLE III OF THE MIAMI BEACH CITY CODE REGARDING NON-PROFIT VENDING AND DISTRIBUTION AND AGREE TO COMPLY WITH ITS PROVISIONS.

SIGNATURE (Authorized Director/Officer of Org)

DATE

(9) _____
Fees \$135.00 Account #011.8000.369999

FAILURE BY THE CITY TO RECEIVE THE ORIGINAL FULLY COMPLETED LEGIBLE APPLICATION/\$135.00 FEE AND AUTHORIZATION LETTER (IF NEEDED) BY FIVE (5) PM ON THE DUE DATE WILL DISALLOW YOUR ORGANIZATION FROM PARTICIPATION IN THIS LOTTERY. ANY MISINFORMATION OR MISREPRESENTATION WILL ALSO BE GROUNDS FOR DISQUALIFICATION.