



WILTON MANORS, *Island City*

2020 WILTON DRIVE, WILTON MANORS, FLORIDA 33305

COMMUNITY DEVELOPMENT SERVICES

(954) 390-2180 FAX: (954) 567-6069

Life's Just Better Here

APPLICATION TO SOLICIT, CANVASSERS, PEDDLERS AND ITINERANT VENDORS

NAME OF APPLICANT _____ DATE OF BIRTH _____ SSN _____

PERMANENT HOME ADDRESS _____
(Street) (City) (State) (Zip Code)

LOCAL ADDRESS _____
(Street) (City) (State) (Zip Code)

A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS TO BE SOLD OR SERVICE TO BE RENDERED:

NAME OF EMPLOYER (IF EMPLOYED) _____

ADDRESS OF EMPLOYER _____

NAME OF SUPERVISOR OR OWNER OF THE BUSINESS _____

ADDRESS OF THE SUPERVISOR OR OWNER OF THE BUSINESS _____

PHONE NUMBER OF THE SUPERVISOR OR OWNER OF THE BUISNESS _____

HOURS OF SOLICITATION _____ DATES OF SOLICITATION _____

THE PLACE WHERE THE GOODS OR PROPERTY PROPOSED TO BE SOLD OR ORDERS TAKEN FOR THE SALE THEREOF ARE MANUFACTURED OR PRODUCED, WHERE SUCH GOODS OR PRODUCTS ARE LOCATED AT THE TIME SAID APPLICATION IS FILED, AND THE PROPOSED METHOD OF DELIVERY:

IF THE APPLICANT IS ASSOCIATED WITH A CHARITABLE, NONPROFIT, OR OTHER ELEEMOSYNARY ORGNATION, A BRIEF DESCRIPTION OF THE NATURE AND PURPOSE OF SUCH ORGANIZATION AND THE ADDRESS OF THE MAIN OFFICE OF SUCH ORGANIZATION; AND PROOF THAT THE CHARITABLE ORGANIZATION IS REGISTERED WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.

**2" X 2" PHOTO TAKEN WITHIN 60 DAYS PRIOR TO DATE OF FILING
SHOWING THE HEAD AND SHOULDERS OF THE APPLICANT IN A CLEAR,
DISTINGUISHING MANNER.**

AND

COPY OF CURRENT VALID DRIVER'S LICENSE OR STATE OR FEDERAL ISSUED PHOTO IDENTIFICATION CARDS

NAMES OF AT LEAST 2 RELIABLE PROPERTY OWNERS OF BROWARD COUNTY WHO WILL CERTIFY AS TO THE APPLICANT'S GOOD CHARACTER AND BUSINESS RESPONSIBILITY OR, IN LIEU THEREOF, SUCH OTHER BUSINESS RESPONSIBILITY OF THE APPLICANT AS WILL ENABLE THE INVESTIGATOR TO PROPERLY EVALUATE SUCH CHARACTER AND BUSINESS RESPONSIBILITY.

I certify that I have known _____ for _____ years and is of good character and business responsibility.

Name

Date

I HEREBY CERTIFY that on this day _____, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared _____ who is personally know to me or has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

Printed Name

NAMES OF AT LEAST 2 RELIABLE PROPERTY OWNERS OF BROWARD COUNTY WHO WILL CERTIFY AS TO THE APPLICANT'S GOOD CHARACTER AND BUSINESS RESPONSIBILITY OR, IN LIEU THEREOF, SUCH OTHER BUSINESS RESPONSIBILITY OF THE APPLICANT AS WILL ENABLE THE INVESTIGATOR TO PROPERLY EVALUATE SUCH CHARACTER AND BUSINESS RESPONSIBILITY.

I certify I have not (have)** been convicted of any crime, misdemeanor, or violation of any municipal ordinance.

Name

Date

I HEREBY CERTIFY that on this day _____, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____ who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

Printed Name

AFFIDAVIT

I certify I have not (have) been convicted of any felony or misdemeanor crime, or violation of any City of Wilton Manors ordinance.**

Name

Date

Sworn to and subscribed before me on this _____ day of _____, by means of physical presence or online notarization, an officer duly authorized to administer oaths and take acknowledgements, appeared _____ who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

Printed Name

****List nature of conviction of any crime, misdemeanor, or violation of any municipal ordinance, the nature of the offense and the punishment or penalty assessed.**

NO LICENSE SHALL BE TRANSFERRED.

HOURS OF SOLICITATION OR CANVASSING IN THE CITY IS LIMITED TO THE HOURS OF 9:00 A.M. TO SUNSET.

PROOF OF SECTION 501(c) TAX EXEMPTION STATUS. (if applicable)

I CERTIFY THAT IF A LICENSE IS GRANTED IT WILL NOT BE USED OR REPRESENTED IN ANY WAY AS AN ENDORSEMENT BY THE CITY OR BY ANY DEPARTMENT, OFFICER, OR EMPLOYEE OF THE CITY OF WILTON MANORS.

I FURTHER CERTIFY THAT I AM PROPERLY AUTHORIZED TO APPLY FOR AND BIND THE GROUP, ORGANIZATION OR PERSON, THAT I HAVE CAREFULLY READ AND COMPLETED THE APPLICATION, AND ALL OF THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT.

NAME

DATE

I HEREBY CERTIFY that on this day _____, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____ who is personally known to me or has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

PRINTED NAME

SEC. 10-59. Surety Bond.

Every applicant for a license under this Article shall file with the City a surety bond, running to the City in the amount of one thousand dollars (\$1,000.00), conditioned that the applicant shall comply fully with all the provisions of this Code and other ordinances of the City and state law regulating and concerning the business of solicitor. The surety bond is subject to review and approval by the City Attorney. The surety bond shall be furnished annually or as frequently as necessary to provide a continuing guarantee of the registrant's full and faithful performance at all times. In the event a registrant fails to perform its duties and obligations imposed upon the registrant by the provisions of this Section, there shall be recoverable, jointly and severally from the principal and surety of the bond, any damages or loss suffered by the City as a result, including the full amount of any compensation, indemnification or cost of removal or abandonment of any property of the registrant, plus a reasonable allowance for attorney's fees, up to the full amount of the surety fund.

Received from (Bond Company): _____

For (Applicant): _____

Amount of Bond: _____

Received by: _____

Date: _____

Flow Chart

- Apply online for a business tax license through the online portal and upload the application and any supporting documentation. www.wiltonmanors.gov
- Community Development Services Department will review based on Chapter 10, Article VI of the Code of Ordinances.
- Once Community Development Services Department review is complete, the application will be sent to the Police Department for fingerprinting and review of the application.
- The fee for fingerprinting will be paid to the Police Department.
- Police Department will review and will notify the Community Development Services Department of their findings and recommendations.
- Community Development Services Department will approve or deny the application and notify the applicant.