



**SEMINOLE COUNTY**  
**PLANNING & DEVELOPMENT DIVISION**  
 1101 EAST FIRST STREET, ROOM 2028  
 SANFORD, FLORIDA 32771  
 TELEPHONE: (407) 665-7371  
 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #: \_\_\_\_\_

**OUTDOOR SALES OF MERCHANDISE**

**MUST SUBMIT COMPLETED APPLICATION, FEE AND OTHER REQUIRED DOCUMENTS  
 NO LESS THAN FOURTEEN (14) DAYS PRIOR TO THE EVENT.**

**APPLICATION TYPE/FEE**

|   |         |
|---|---------|
| <input type="checkbox"/> OUTDOOR SALES PERMIT | \$75.00 |
|---|---------|

**EVENT INFORMATION**

|                           |         |                     |  |
|---------------------------|---------|---------------------|--|
| SALES EVENT NAME:         |         |                     |  |
| LOCATION ADDRESS:         |         |                     |  |
| LOCATION PARCEL ID #:     |         |                     |  |
| DATE(S) & HOURS OF EVENT: |         |                     |  |
| ACREAGE OF PROPERTY:      | ZONING: | # OF ATTENDEES/DAY: | SECURITY: <input type="checkbox"/> YES <input type="checkbox"/> NO |

**PROPERTY OWNER**

|          |        |          |  |
|----------|--------|----------|--|
| NAME:    |        | COMPANY: |  |
| ADDRESS: |        |          |  |
| CITY:    | STATE: | ZIP:     |  |
| PHONE:   | EMAIL: |          |  |

**AUTHORIZED AGENT**

|          |        |          |  |
|----------|--------|----------|--|
| NAME:    |        | COMPANY: |  |
| ADDRESS: |        |          |  |
| CITY:    | STATE: | ZIP:     |  |
| PHONE:   | EMAIL: |          |  |

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

\_\_\_\_\_  
**SIGNATURE OF OWNER/AUTHORIZED APPLICANT**  
 (Proof of owner's authorization is required with submittal if signed by agent)

\_\_\_\_\_  
**DATE**

## ATTACHMENT CHECKLIST

- APPLICATION
- APPLICATION FEE
- NARRATIVE DESCRIBING EVENT
- SURVEY/SITE PLAN SHOWING THE LOCATION(S) OF ALL PERMANENT AND/OR TEMPORARY STRUCTURES, MERCHANDISE, SIGN(S), LIGHTING, SANITATION FACILITIES, TRASH RECEPTACLES, PARKING PLAN AND PEDESTRIAN CIRCULATION PLAN.
- APPLICANT AUTHORIZATION FORM, IF APPLICABLE
- SOCIAL DISTANCING PLAN THAT ADHERES TO THE CENTERS FOR DISEASE CONTROL GUIDELINES

**INFORMATIONAL:** EVENTS THAT PROPOSE BARRICADING ANY STREET(S) WILL REQUIRE A PERMIT FROM THE PUBLIC WORKS DEPARTMENT. THEY CAN BE REACHED AT (407) 665-5678

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM**  
**OUTDOOR SALES PERMIT**

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, \_\_\_\_\_, the owner of record for the following described property

(Legal Description or Tax/Parcel ID Number) \_\_\_\_\_

hereby petition Seminole County Board of County Commissioners to grant an Outdoor Sales of Merchandise Permit and affirms that \_\_\_\_\_ is hereby designated to act as my authorized agent for the filing of the attached application and make binding statements and commitments regarding the request. I certify that I have examined the attached application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S PRINTED NAME

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared \_\_\_\_\_ (property owner),  by means of physical presence or  online notarization; and  who is personally known to me, or  who has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and sworn an oath on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## **Seminole County COVID-19 Operating Expectations for Permitted Outdoor Sales**

Seminole County has set forth the following expectations for permitted outdoor sales. Please review carefully, as these expectations must be instituted and managed by event organizers to help ensure that events operate with due consideration for COVID-19 protocols. It is the responsibility of the event organizer to ensure that these expectations are communicated to all event organizers, workers, contractors and sub-contractors, participants, spectators, attendees, and guests prior to the event and prior to entry into the event. Furthermore, it is the sole responsibility of the event organizer to ensure that these expectations are adhered to throughout the event.

### **Seminole County Expectations for Event Organizer and Event Attendees:**

- Event organizer is expected to understand and implement appropriate practices published by the Centers for Disease Control and Prevention to mitigate the spread of COVID-19. Information can be found at [www.cdc.gov](http://www.cdc.gov).
- Event organizer is expected to understand and implement appropriate measures to ensure compliance with applicable Executive Orders as published by Seminole County. A link to Executive Orders can be found at [www.prepareseminole.org](http://www.prepareseminole.org).
- Every permitted special event must include a written plan to abide by published guidelines to mitigate the spread of COVID-19.
- Event Organizer is responsible for the removal of any attendee who appears to be symptomatic of COVID-19.
- If the event is equipped with systems that will be used to publicly address those in attendance, announcements will be periodically broadcasted over the public address system throughout the course of the event reminding all to follow CDC COVID-19 safe practices.

*By signing below, you understand the expectations set forth by Seminole County. Signee agrees to ensure that these expectations are clearly communicated to all involved in the event, including attendees. Event organizer is responsible to manage and ensure that these expectations are satisfied throughout the event. If expectations are not met during the event, Seminole County reserves the right to revoke the permit. Issuance of an event permit is not an approval or endorsement of your COVID-19 plan.*

Event Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Event Organizer Printed Name: \_\_\_\_\_