



CITY OF JACKSONVILLE BEACH ICE CREAM TRUCK SALES LOCAL BUSINESS TAX FORM

City Clerk's Office
11 North 3rd Street
Jacksonville Beach, FL 32250
(904) 247-6250

SECTION 1: Business Information

Application Date: _____

Business Name: _____

Street Address: _____ Business Phone: _____

Mailing Address: _____

E-Mail Address: _____

Owner/Applicant Name: _____

Home Address: _____

Alternate Phone: _____

Copy of Photo ID Required: _____

SECTION 2: Attachments - Submit with Application:

1. Vehicle Inspection documentation _____
2. Valid Florida Vehicle Registration, per vehicle _____ # Vehicles _____
3. Valid Certificate of Insurance for all vehicles _____
4. ___Sole Proprietor ___Partnership ___Corporation ___LLC ___Fictitious Name Registration
(attach FL Dept. of State, Div. of Corporations Documents)
FEIN or SSN _____ (required per Florida Statutes, Ch. 205)
5. Applicant/Employee(s) Health Certification from FL licensed physician _____
6. Applicant/Employee(s) FL Dept. of Agriculture & Consumer Serv. Registration/Certification _____

SECTION 3: Certification:

I certify the information contained herein is true and correct to the best of my knowledge. I understand that any false or misleading information on this application, failure to pay the required permit fee, or failure to comply with the City of Jacksonville Beach Ordinance 2004-7872 Ice Cream and Similar Frozen Food Products, may be cause for the City Manager to revoke the permit.

I have received a copy of Ordinance No. 2004-7872.

Signature of Applicant: _____ Date: _____

SECTION 4: City Clerk's Office SIC Code: 5451 Business Control # _____ Permit # _____

___ Annual Permit \$ 79.20 per vehicle X _____ Total \$ _____ Check # _____ Cash _____

___ Half Year Permit \$ 39.60

Received by: _____ Date: _____

SECTION 5: City Clerk's Office

Reviewed by: _____ Date: _____

- Application complete – approved for permit
- Application incomplete – not approved for permit



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VEHICLE INSPECTION

Per Ordinance No. 2004-7872, Chapter 12, Sec.12-17

No vehicle shall be licensed or used for the sale of products as provided in this article (Ice Cream and Similar Frozen Food) until it has been inspected and certified by a licensed mechanic to ensure the following equipment is maintained and in good working condition.

Vehicle Model/Make/Year: _____ VIN: _____

1. Front, rear and directional lights meeting state standards: Yes _____ No _____
2. Adequate brakes on all wheels: Yes _____ No _____
3. Tires with sufficient tread and in safe operating condition: Yes _____ No _____
4. Speedometer in good working order: Yes _____ No _____

Date Inspected: _____ Inspected by: _____
(Business Name, Address, Phone and copy of sales receipt/inspection document)

(provide copy of invoice)

Applicant: submit this document along with the completed LBTR form/application to the City Clerk's Office.