CITY OF JACKSONVILLE BEACH
SURF/FITNESS CAMP
BEACH PERMIT

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

SECTION 1: Business Information:

Application Date:_____

Business Name: _____

Street Address: _____ Business Phone:_____

Mailing Address: _____

E-Mail Address: _____

Owner/Applicant Name: _____

Home Address: _____

Alternate Phone:_____Beach Location of Camp:_____

Dates of Camp:

SECTION 2: Attachments - Submit with Application:

1. Valid Certificate of Insurance, General Liability of $1,000,000.00 naming City of Jacksonville Beach as additional insured ____
2. City of Jacksonville Beach Hold Harmless Agreement signed by Owner/Applicant___
3. __Sole Proprietor __Partnership Corporation __LLC __Fictitious Name Registration
   FL Dept. of State, Div. of Corporations Documents attached___
4. Owner/Applicant Photo ID attached___

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 Ordinances may be cause for the City Manager to revoke the permit, as approved at the Regular City Council Meeting, held April 7, 2003, City Council Approval to Allow Surf and Volleyball (Fitness) Camps to Operate on the Beach.

I have received a copy of the April 7, 2003 City Council Minutes excerpt. I agree to submit weekly the completed and signed City of Jacksonville Beach Hold Harmless Agreements for all participants to the City Clerk's Office.

Signature of Applicant:_____ **Date:**_____

SECTION 4 : City Clerk's Office

SIC Code: 7999 LBT Receipt #_____

__ Annual LB Tax $ 79.20 __Pro-rate LB Tax $ 39.60 Check # _____ Cash ___

Received by:_____ **Date:** _____

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

Reviewed by: _____ **Date:**_____

Revised 1/2023