



PF-09

City of Marco Island
Growth Management Department
50 Bald Eagle Drive
Marco Island, FL 34145
Phone: 239-389-5000

BEACH VENDOR PERMIT APPLICATION

(SEC. 54-61 THROUGH SEC. 54-87)

BV #: _____ Date Received: _____

ABOVE TO BE COMPLETED BY STAFF

BEACH VENDOR INFORMATION

Company Conducting Business on the Beach: _____

Contact: _____

Address: _____

Phone #: _____ Email: _____

PROPERTY INFORMATION

Property Owner(s): _____

Contact: _____

Site Address: _____

Phone #: _____ Email: _____

Requested Dates & Time of Day of Use: _____

Requested Location/Beach Area for Vendor Operations: _____

SUBMITTAL REQUIREMENTS

(Please check that each are attached)

- \$500 (Please make check payable to the City of Marco Island)
- Proof of Insurance
- List of Florida vessel registration numbers for each motorized vessel that the applicant will place in service.
- List of Florida vehicle identification numbers (VIN) for each motorized vehicle that the applicant will operate on the beach in conjunction with service.
- Hurricane plan for removal of equipment from the beach.

ZONING CERTIFICATE REQUIREMENTS

(Please check all that apply)

- Company Registered in Naples, Florida
- Company Registered in Marco Island, Florida

Please provide Marco Island Zoning Certificate# _____

**NOTE: All vendors will be subject to an inspection of equipment, vessels and operating standards prior to issuance of this permit to assure compliance with Article II "Beach Management and Vessel Control" of the Marco Island City Code.*

I have read, understand and will comply with all Marco Island Beach Vendor permit application requirements, rules and regulations.

Signature of Applicant: _____ Date: _____

Please allow two (2) weeks for processing. Incomplete applications will not be processed.
Please submit your application to gmhelp@cityofmarcoisland.com



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MARCO ISLAND BEACH VENDOR PERMIT
ATTACHMENT A – LIST OF MOTORIZED & NON-MOTORIZED VESSELS

Please list all motorized & non-motorized vessels to be used onsite.

	Description/Model	Florida Registration Number	Hull Identification Number (HIN)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



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ATTACHMENT B – LIST OF VEHICLES

Please list all motorized vehicles, trailers and hand-driven carts to be used on the beach in conjunction with beach vendor operations.

	Description/Model	Florida Registration Number	Vehicle Identification Number (VIN)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			



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CITY OF MARCO ISLAND BEACH VENDOR PERMIT APPLICATION
ATTACHMENT C - CHASE BOAT INSPECTION

	Less than 16'	16' less than 26'	26' less than 40''	40' to 65' incl.
Papers – In order and on person or boat	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Numbering – Block type of contrasting color	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Bell				• <input type="checkbox"/>
Personal Flotation Device - Approved type, adequate number	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Ventilation - Cowls and ducts to closed areas	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Flame Arrester(s) - On carburetors of inboard engines	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Fire Extinguisher(s) - Approved type, adequate size and number	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Horn or Whistle	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Lights – Navigation and anchor		• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Fuel Tanks – Property secured and vented	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Electrical Installation – In good condition and fused	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Visual Distress Signals – For emergency signaling		• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Galley Stove – marine type, properly installed		• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Pump or Bailer	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>
Anchor and Line – Suitable size and adequate line		• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>

Legend: • = Requirements

FL Vessel Registration & VIN Number:

Model/Description:

Inspected By:

Date: