Fee Schedule¹

Floating Structures and Commercial Vessels² Operating in the Crab Island Entertainment Area

- Commercial vessels shall pay a monthly fee of \$400 for each month or for any portion of a month that the commercial vessel operates in the Crab Island Entertainment Area.
- Floating structures occupying less than 1,500 square feet shall pay a monthly fee of \$1,500 for each month or for any portion of a month that the floating structure operates in the Crab Island Entertainment Area.
- Floating structures occupying 1,500 square feet or more shall pay a monthly fee of \$2,000 for each month or for any portion of a month that the floating structure operates in the Crab Island Entertainment Area.

Licenses may be purchased on a month-to-month basis.

- ¹ Effective February 18, 2020. Subject to change by the Board of County Commissioners.
- ² Charter fishing services or commercial vessels that do not operate within the Crab Island Entertainment Area nor allow passengers to disembark within the boundaries of the Area are not subject to the requirements of this section.



Department of Growth Management

1250 N Eglin Parkway Room 319 Shalimar, FL 32579 Tel. 850-651-7180 Fax 850-651-7706

Crab Island Commercial Vessel License Application

This application is established under the authority of Section 19-81 of the Code of Ordinances of Okaloosa County, Florida pursuant to County Ordinance 18-19 adopted on July 17, 2018 as amended by County Ordinance 20-03 adopted February 18, 2020

| 1. Name of Owner: | |
|---------------------------------|--|
| | |
| 2. Owner's Address: | |
| 2. Owner's Address. | |
| | |
| 3. Owner's email and telephone: | |
| · | |
| | ne other than the owner, please complete sections 4, 5, and e "owner" in the spaces provided and proceed to sections 7 |
| 4. Name of Operator: | |
| | |
| | |
| 5. Owner's Address: | |
| | |
| | |

| 6. Operator's email and telephone: |
|---|
| 7. Type of business: |
| |
| |
| |
| |
| |
| Example 1: Floating hamburger stand providing burgers, hot dogs, and soft drinks Example 2: Floating padd board rental business |
| 8. Description of vessel and Registration Number: |
| |
| |
| Registration Number: |
| Example: 20' Boston Whaler painted white named "Ice Cream Man"9. Are restrooms to be provided and if so, how will waste be held and disposed o |
| |
| Example: Wastewater will be held in a 200 gallon holding tank which will be pumped daily. |
| 10. Please attach copy of County Business Tax Receipt (must be attached) |
| 11. Please attach copies of following licenses/permits as required based on use (place check lall that are attached): |
| Mobile Food Dispensing License (DBPR) |

| | Fire/Hood Suppression (e.g. ANSUL System) | |
|----------------------------|---|---|
| | National Park Service Commercial Use Authorizatio | n Permit (Mandatory for |
| | floating structures utilizing Crab Island Recreation | Area) |
| | Other, please specify and attach copies: | |
| | | |
| | | |
| | | |
| | | |
| As provided in S | on of requested license: Section 19-80(4) of the Code of Ordinances of Okaloosa County, Fraged for each month or any portion thereof. | to lorida, a fee of one thousand dollars |
| the informat application r | ledgement and Signature: By signing this application in the provided herein is true and accurate, and that any may be subject to revocation if it is discovered that unicompleting this form. | license issued pursuant to this |
| Signature Ow | ner of Floating Structure or Authorized Agent* | Date |
| Printed Name | e of Owner/Authorized Agent | |
| * | | |

*If authorized agent, this form **MUST** be accompanied by notarized affidavit signed by the owner specifically authorizing the agent to submit the application.



Department of Growth Management 1250 N Eglin Parkway Room 319

1250 N Eglin Parkway Room 319 Shalimar, FL 32579 Tel. 850-651-7180 Fax 850-651-7706

Floating Structure License Application

This application is established under the authority of Section 19-80(4) of the Code of Ordinances of Okaloosa County, Florida pursuant to County Ordinance 18-19 adopted on July 17, 2018 as amended by County Ordinance 20-03 adopted February 18, 2020

| 1. Name of Owner: | |
|---------------------------------|---|
| 2. Owner's Address: | |
| 3. Owner's email and telephone: | |
| | ted by someone other than the owner, please complete o the operator, write "owner" in the spaces provided and |
| 4. Name of Operator: | |
| | |
| 5. Owner's Address: | |
| | |
| | |

| 6. Operator's email and telephone: | |
|---|--------------|
| 7. Type of business: | |
| | |
| | |
| | |
| Example 1: Floating hamburger stand providing burgers, hot dogs, and soft drinks Example 2: Flo board rental business | ating paddlo |
| 8. Description of structure and Square Footage of Structure: | |
| | |
| | |
| Square Footage: Example: Fiberglass and wood structure attached to 30 foot pontoon boat providing food preparations. | aration area |
| 9. Are restrooms to be provided and if so, how will waste be held and dis | posed of |
| | |
| | |
| Example: Wastewater will be held in a 200 gallon holding tank which will be pumped daily. | |
| 10. Please attach copy of County Business Tax Receipt (must be att | ached) |
| 11. Please attach copies of following licenses/permits as required based on use (placall that are attached): | e check by |

| | Mobile Food Dispensing License (DBPR) | |
|----------------|--|----------------------------------|
| | Fire/Hood Suppression (e.g. ANSUL System) | |
| | National Park Service Commercial Use Authorization Pe floating structures utilizing Crab Island Recreation Are | · - |
| | Other, please specify and attach copies: | |
| | | |
| | | |
| | | |
| | | |
| As provided in | on of requested license: to to to to section 19-80(4) of the Code of Ordinances of Okaloosa County, Florid rged for each month or any portion thereof. | a, a fee of one thousand dollars |
| the informat | ledgement and Signature: By signing this application formation provided herein is true and accurate, and that any licentary be subject to revocation if it is discovered that untrue completing this form. | nse issued pursuant to this |
| | rner of Floating Structure or Authorized Agent* | Date |
| | | |
| Printed Name | e of Owner/Authorized Agent | |

^{*}If authorized agent, this form **MUST** be accompanied by notarized affidavit signed by the owner specifically authorizing the agent to submit the application.