

AN EMERGENCY ORDINANCE OF THE COUNTY OF ST. JOHNS, STATE OF FLORIDA, DECLARING THAT AN EMERGENCY EXISTS AND AMENDING ST. JOHNS COUNTY ORDINANCE 87-36 TO MODIFY CERTAIN COUNTY OCCUPATIONAL LICENSE TAXES; PROVIDING AN EFFECTIVE DATE.

WHEREAS, St. Johns County Ordinance 87-36 inadvertently, disproportionately increased certain occupational license taxes levied within St. Johns County, Florida; and

WHEREAS, occupational license taxes levied by St. Johns County are due October 1, 1987

NOW THEREFORE BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA:

Section 1. In order to rectify the situation expressed above, the Board of County Commissioners of St. Johns County, Florida waives notice requirements for this emergency ordinance and declares that an emergency exists and that the immediate enactment of this emergency ordinance is necessary.

Section 2. St. Johns County Ordinance number 87-36 is hereby amended by the following to-wit:

EXHIBIT "A"

Page 6 of 6

MISCELLANEOUS

| TYPE OF LICENSE | COST OF LICENSE |
|-------------------------------|--|
| Add: | |
| Merchandise Vending Operators | \$75.00 |
| Modify: | |
| Merchandise Vending Machines | 6.00 each machine up to 35 machines and \$1.50 for each machine over 35 machines. |

Section 3. This Ordinance is passed pursuant to Florida Statute 125.66(3) and shall take effect when a copy has been accepted by the postal authorities of the United States for special delivery by registered mail to the Department of State.

PASSED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS
COUNTY, FLORIDA, AT ITS REGULARLY SCHEDULED MEETING THIS 22nd
day of September, 1987.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: Phyllis L. Lydon
Its Chairman

ATTEST: CARL "BUD" MARKEL, CLERK

By: Cheryl Kent
Deputy Clerk

Adopted regular meeting 9/22/87

Effective: Septembear 23, 1987

NAME AND ADDRESS OF SENDER
 Board of County Commissioners
 P. O. Drawer 300
 St. Augustine, FL 32085

Indicate type of mail
 Registered
 Insured
 COD
 Certified
 Express Mail

Check appropriate block for Registered Mail:
 With Postal Insurance
 Without Postal Insurance

POSTMARK AND DATE OF RECEIPT

| Line | Number of Article | Name of Addressee, Street, and Post-Office Address | Postage | Express Mail Fee | Handling Charge (if Regs.) | Insured Value | Postmaster Fee | S. D. Fee | S. H. Fee | Rest. Del. Fee | Remarks |
|------|-------------------|---|---------|------------------|----------------------------|---------------|----------------|-----------|-----------|----------------|---------|
| 1 | R 233 400 004 | Liz Cloud, Chief Bureau of Administrative Code Room 1801, The Capitol Tallahassee, FL 32301 | 22 | .70 | | | 36 | 2.95 | | | 7.97 |
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SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this care from being returned to the return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Liz Cloud, Chief Bureau of Administrative Code Room 1801, The Capitol Tallahassee, FL 32301

4. Article Number

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Liz Cloud*

6. Signature - Agent
 X

7. Date of Delivery
 SEP 24 1987

8. Addressee's Signature ONLY if requested and fee paid

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

POSTMASTER, PER (Name of receiving employee)
 [Signature]

Total Number of Pieces Received at Post Office
 1

Total Number of Pieces Listed by Sender
 1

FORM MUST BE COMPLETED BY TYPEWRITER, INK OR BALL POINT PEN

PS Form 3877, Feb. 1982



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

Dorothy W. Joyce
Division Director

September 25, 1987

RECEIVED
ST. JOHNS COUNTY CLERK'S OFFICE

'87 OCT -1 A9:30

Carl Bud Markel
CLERK, COUNTY COMMISSION

Honorable Carl "Bud" Markel
Clerk of Circuit Court
St. Johns County
Post Office Drawer 300
St. Augustine, Florida 32085

Attention: Lynn M. McDonald

Dear Mr. Markel:

Pursuant to the provisions of Section 125.66, Florida Statutes, this will acknowledge:

1. Receipt of letter/s of September 23, 1987
and certified copy/ies of St. Johns
County Ordinance(s) Emergency Ord. No. 87-50
2. Receipt of _____ County Ordinance(s)
relative to:
 - (a) _____
which we have numbered _____
 - (b) _____
which we have numbered _____
3. We have filed this/~~these~~ ordinances in this office
on September 24, 1987.
4. The original/duplicate copy/ies showing the filing date
is/are being returned for your records.

Sincerely,

Liz Cloud
Liz Cloud, Chief
Bureau of Administrative Code

LC/mb

DIVISION OF ELECTIONS, Room 1801, The Capitol, Tallahassee, Florida 32301
(904) 488-7690