

PASCO COUNTY PARKS AND RECREATION DEPARTMENT

APPLICATION FOR CONCESSION OPERATIONS PERMIT

Applicant: _____

Doing Business As: _____

Applicant's Mailing Address: _____

CITY

STATE

ZIP

Telephone Number: (____) _____

How Long in Business: _____

Description of Operation/Unit (please include picture of vending unit): _____

Vendor Category: I____ II____ III____ IV____

Desired Vending Location: _____

Desired Operating Period: _____

Insurance Company: _____

Documentation/References Attached: Yes No

I have read and agree to abide by the Pasco County Parks and Recreation Department Policies and Procedures for Concession Services attached hereto and incorporated by reference.

Applicant's Signature: _____

Requesting (check one): _____ Date: _____

One-Day Permit

Monthly Permit

Approved: _____ Date: _____

Parks and Recreation Director or Designee

CERTIFICATION OF COMPLIANCE
Senate Bill No. 1174
Sexual Predator Background Checks

We hereby certify that our organization is in compliance with the Florida Statute requiring sexual predator background checks. We have, and are continuing to, conduct background checks of all individuals who may come in contact with children engaged in our programs and activities.

Name of Organization: _____

Address: _____

Phone: _____

Individual Completing this Form: _____

Position/Title with Organization: _____

Signed: _____

Date: _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____,

by _____,
(Name of Person Acknowledging and Title of Position)

who is personally known to me or who has produced _____
(Type of Identification)

as identification and who did (did not) take an oath.

(Seal)

Notary Public, Commission No. _____

(Name of Notary – Typed, Printed, or Stamped)