



Application \_\_\_\_\_

### 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, Recreation, and Natural Resources 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: \_\_\_\_\_

Pasco County Parks, Recreation, and Natural Resources Department 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)