

# PARKS SALES PERMIT

Frederick County Division of Parks and Recreation  
355 Montevue Ln, Suite 100, Frederick, MD 21702-8213

Name of Organization:		
Requests permission to sell: <input type="checkbox"/> <b>Goods</b> <input type="checkbox"/> <b>Food</b> (Check only those that apply)	Type of Permit: <input type="checkbox"/> <b>Daily Permit</b> <input type="checkbox"/> <b>Seasonal Permit</b>	
Park Location:	Date:	Hours of Event:

WE AGREE TO:	PLEASE CHECK ONE:
<input type="checkbox"/> Secure all required permits (Health Dept., etc.)	<input type="checkbox"/> We wish to provide our own concession stand
<input type="checkbox"/> Assume responsibility for cleanup of all ground litter within a 50' radius of our concession	<input type="checkbox"/> We will be using the concession stand already located at the park
<input type="checkbox"/> Remove all concession-generated packaging and trash from the park or else place it in a dumpster we (the concessionaire) provide. (Deposit of any material in the park trash receptacles, other than ground litter, is not permitted.)	<input type="checkbox"/> If more than one concession stand is planned, please furnish the number, space required and names of any subcontractors, if appropriate.
<input type="checkbox"/> Hold Frederick County, including Frederick County Division of Parks and Recreation, harmless as a result of any accidents or injuries occurring as a result of the operation of the concession.	<input type="checkbox"/> Other (ex: table set-up, walking vendor) List:

***FAILURE TO OBTAIN ALL NECESSARY PERMITS WILL INVALIDATE THIS SALES PERMIT***

Name (please print):		
Work Phone:	Home Phone:	
Address:	City:	State/Zip:
Group Representative Signature (This representative must be 21 years of age or older):		

FOR OFFICE USE ONLY			
This Sales Permit is: <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	Fees: <input type="checkbox"/> <b>\$30 per Day</b> <input type="checkbox"/> <b>\$200 per Season</b>		
Comments:	Paid: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Received By:	Date:
	Signature of Division Director/Parks Superintendent:		Date:

Form **FILLED OUT IN TRIPLICATE**: **ORIGINAL** to Department, **YELLOW COPY** to Park Security, **PINK COPY** to Customer