



City of Austin Parks and Recreation Department Temporary Concession Application

Applicant Information

Company Name: _____
 Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Alternate Phone Number: _____
 Email Address: _____

Permit Request

Type:

Single Day: _____
 Temporary (Up to 6 Months): _____
 Performing Artist: _____
 Please list date(s) you wish to be in the park: _____

Park Information

Park: _____
 Location within Park: _____
 First alternative location within Park: _____
 Second alternative: _____
 Second Park (if 1st choice is not available): _____
 Does each location meet the American's with Disabilities Act requirements? _____



Impact Concession will have on Park and Park Patrons:

- 1. Traffic/Parking _____
- 2. Pedestrian/Bicycle Traffic _____
- 3. Safety _____
- 4. Environmentally _____
- 5. Trash _____

Do any other concessions operate in the area? _____ if yes, please list

Concession Information

Please list the exact products you will offer and the prices of those products (use additional attachment if needed):

Days and Hours of Operation: _____

Description of Stand/Trailer (include picture):



Utility requirements (specify electrical and water needs):

Permits/Insurance Information

Do you have a food sales permit issued by the Austin/Travis County Health and Human Services Department?
 _____ If applicable, please list permit number _____. If you do not have a health permit, you must have one before you sign a contract.

At the time the contract is signed, the concessionaire must provide a Certificate of Insurance listing the City of Austin as an additional insured party and a State of Texas Sales and Use permit issued by the State Comptroller’s Office. The Comprehensive General Liability Insurance should have a combined single limit of \$1,000,000 per occurrence. Statutory Worker’s Compensation Insurance may be necessary.

Return completed application to the City of Austin Parks and Recreation Department with the attached documentation:

- Photograph of booth/trailer**

Verification

I verify that all of the above information is true. I have also read, understand, and I am willing to comply with the concession policies and procedures set by the City of Austin Parks and Recreation Department.

Signature of Applicant

Date



If you would like to send your application via mail or have any questions about concessions please refer to the contact information below:

attn: Beverly Mendez
 Mailing Address:
 200 S. Lamar
 Austin, Texas 78704-1046
 Phone: (512) 974-6784
 Fax: (512) 974-6729
 E-mail: Beverly.Mendez@ci.austin.tx.us

Parks and Recreation Department Approvals: (office use only)

Approved Financial Services Signature	Printed Name	Date
Approved Site's Supervisor/Manager Signature	Printed Name	Date
Approved Site's Division Manager Signature	Printed Name	Date