



APPLICATION FOR PARK & BEACH VENDOR PERMIT

DATE RECEIVED: _____

BY STAFF: _____

TO BE COMPLETED BY CITY OFFICIAL

Authorized Location _____ Season _____

Date Permit Issued _____ Permit Number _____

For Period _____ To _____ Receipt Number _____

Amount Paid \$ _____

Health Permit Number _____

TO BE COMPLETED BY APPLICANT

1. Name of Applicant

D.B.A. _____

Are you doing business as a:

_____ Sole Proprietor? If so, attach certified copy of Assumed Name and Certificate from County Clerk's Office.

_____ Partnership? If formal partnership, attach certified copy of partnership agreement from Secretary of State. If informal partnership, attach certified copy of Assumed Name Certificate.

_____ Corporation?

_____ Foreign/authorized to conduct business in Texas? If so, you must attach certified copy of authority.

2. What is your business address?

Home Office _____ Phone (Business) _____

Local Office _____ Phone (Local) _____

3. EMAIL Address (required) _____

4. List your employees below who will be involved in the vending operation. Attach the list if necessary.

1) Name _____ Phone _____

Address _____ I.D. Card No. Issued _____

2) Name _____ Phone _____

Address _____ I.D. Card No. Issued _____

5. Please prioritize your desired location by number

Cole Park: ___ at Kid's Place
___ at Skate Park

Season Requested

___ March - September

___ October - February

Other CC Park: _____ (Approval from Parks & Recreation Director required)

Gulf Beach: Beach Markers (BM)
 ___ 70 ___ 91 ___ 206 ___ 207 ___ 214.5
 ___ 215.5 ___ 216 ___ 217 ___ 221.5 ___ 223.5

Season Requested
 { ___ March - September
 ___ October - February

6. Please provide a proposed menu/product list and associated prices:

7. Will a vehicle be used in the operation of the business (vending or supply)? If so, please state the following information and proof of current registration:

Make	Year/Model	License Number
Make	Year/Model	License Number
Make	Year/Model	License Number

8. What type of vending unit will be utilized in the operation of the business?

Type:
 Description of vending unit:

Attach a photo. Approved by (City Representative) _____

Specifications:

9. The following items will need to be attached to your application when submitted.

- _____ Certified copy of Assumed Name Certificate (D.B.A.)
- _____ Copy of State Sales Tax Certificate
- _____ Copy of Business Liability & AUTO Insurance naming the City of Corpus Christi as an additional insured.
- _____ Copy of Nueces County Health Permit, if applicable.

10. Required fees attached. (See attached fee schedule.)

11. Every vendor (and its employees) will be subjected to a background check. Do you have a problem with a background check? Yes _____ No _____

AGREEMENT

I, the undersigned applicant, do hereby certify that I am an authorized agent to act in behalf of said business; that all information contained herein is true and correct; and hereby agree to comply with all provisions of Chapter 10, Beachfront Management and Construction, and Chapter 38, Peddlers, Vendors, Itinerant Merchants, and Solicitors, of the City of Corpus Christi Code of Ordinances, and all applicable State and Federal regulations. I further understand that every individual who conducts business for the applicant is the applicant's representative, whether acting as employee, agent, independent contractor, franchise or otherwise, and that the applicant is responsible for compliance with all applicable provisions of the City's Code of Ordinances by our representatives.

SIGNATURE

Name of Applicant (Printed)	Applicant's Signature
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PARK & BEACH
Vendor Permit Fee Schedule
Effective October 1, 2014

Vendor Permit Fees	Monthly March – August	Monthly September - February
Gulf Beach Vendor (Fixed)	\$ 200	\$ 200
Skate Park / Cole Park	\$ 350	\$ 350
North Beach / McGee Beach (Fixed)	\$ 150	\$ 150
Other Parks (Fixed)	\$ 150	\$ 150
Push cart (North Beach Only)	\$ 50	\$ 50