



**Chesterfield County Parks and Recreation**  
 P.O. Box 40 Chesterfield, VA 23832  
 804-748-1623 (804)751-4131fax  
 www.chesterfield.gov/parks



**PLEASE NOTE:** See Parks and Recreation Concession Policy and temporary food establishment guidelines For references. For additional information, please call Bill Carlson at 804-748-1128.

**Co-sponsored Group Concession Permit Application**

Applicant: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of organization (concessionaire): \_\_\_\_\_

Classification request (check one):  Short Term Contract (1-3 days) \$15  
 Seasonal Contract \$50  
 Mobile Concession Trailer Rental (see fee schedule)  
 Seasonal Contract Building \$100 (requires completion of user inspection checklist)

Requested park(s): \_\_\_\_\_

Desired location (be specific): \_\_\_\_\_

Period of request: From \_\_\_\_\_ To \_\_\_\_\_

Type of concession stand (description): \_\_\_\_\_

Utility and any special requirements (if any): \_\_\_\_\_

Names of Approved Concession Operators and Food Training Expiration Dates:

\_\_\_\_\_

**Insurance coverage**

Any vendors selling consumable items must provide a certificate of liability insurance naming "Chesterfield County, VA, its elected officials, employees, agents and volunteers" as additional insured for no less than \$1,000,000. Proof of insurance must be provided prior to approval of this permit application.

I have read the "Rules and Regulations Governing Concessionaires" operating within the facilities of the Chesterfield County Parks and Recreation Department and agree to abide by these rules and regulations. I understand that failure to do so either by my organization, or by any designated subcontractor, may result in termination of permit and denial of subsequent concessionaire requests.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Applicant**

**FOR OFFICE USE ONLY**

This is to inform you that: Name of concessionaire \_\_\_\_\_  
 (will/will not) have permission to operate concessions at \_\_\_\_\_  
 For the time period from \_\_\_\_\_ to \_\_\_\_\_ REC# \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Director or Designee Chesterfield County Parks and Recreation

An approved copy of this application must be displayed at all times in a prominent place at the concession location.

**Copies to be sent to:** Recreation-Parks-Health Department *Revised 5/6/19*