City of Bellevue

Parks & Community Services

Parks Scheduling Office

PO Box 90012

Bellevue, WA 98009-9012

**REQUEST FOR SALE OF SEASONAL CONCESSIONS**

**Complete each section below. Incomplete Request Forms will be returned to Primary Contact Person. Print or Type.**

NAME OF PARK(S) WHERE CONCESSIONS WILL BE SOLD:

DATE(S) REQUESTED:

ORGANIZATION:       NON-PROFIT ID#:

PERSON IN CHARGE:       DAY PH:

EMAIL:       CELL PH:

ADDRESS:       CITY:       ZIP:

TYPE OF ACTIVITY:       NUMBER OF PEOPLE EXPECTED:

DESCRIBE TYPE OF CONCESSIONS TO BE SOLD:

HOW MUCH DO YOU EXPECT TO NET? $

FOR WHAT PURPOSE WILL THE PROCEEDS BE USED?

HEALTH DEPARTMENT PERMITS:

PAYMENT:

LIABILITY INSURANCE:

FORMS CAN BE SENT TO:

AGREEMENT:Depending on type of concessions requested, a permit from the King County Health Department may be required. Health permits are not required if you plan to sell commercially prepared and packaged foods (exclusive of dairy products). Please call the Health Department at (206) 477-8050 if you have questions regarding permits. Please allow a minimum of two weeks for processing to avoid late fees.

The $50 concessions permit fee is required at the time of request. If not enclosed, we will contact you.

Organizations requesting to sell concessions must submit a Certificate of Insurance. The City of Bellevue, its officials, employees and volunteers, PO Box 90012, Bellevue, WA 98009-9012 must be listed as Certificate Holder and named Additional Insured. Minimum amount of General Liability is $1,000,000 per occurrence, $2,000,000 aggregate.

City of Bellevue

Attn: Parks Scheduling Office

PO Box 90012

Bellevue, WA 98009-9012

BallfieldRental@bellevuewa.gov

The undersigned facility user releases and forever discharges the City of Bellevue, its officers, employees and agents from any and all liability, costs, claims, demands, damages and causes of action of any kind resulting in any way, or growing out of, the use of the City facility authorized hereunder.

[ ]  In lieu of my signature, I certify that I have an account with Bellevue Parks and Community Services and that by providing my Bellevue Parks and Community Services Client ID#       am acknowledging I am the holder of the account and agree to all the terms listed above.

APPLICANT SIGNATURE: DATE:

**OFFICE USE ONLY**

Request: [ ]  Approved [ ]  Denied Permit Fee Paid: [ ]  Yes [ ]  No Rental #