



City of Corpus Christi
Parks & Recreation Department

**PARK & BEACH
VENDOR PERMIT
Application 2023**

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. Permit Type

- _____ Food
- _____ Rentals (ex. Chairs, umbrellas, surf boards)
- _____ Merchandise (ex. Clothing, jewelry, arts/crafts)

3. Business Type (select all that apply):

___ Water Sport Rental () Surf Boards () Jet Skis () Boogie Boards () Kayaks () Other _____

___ Experience Lesson () Surfing () Kite surfing () Skim Boarding () Sand Castle Building () Other _____

___ Equipment Rental () Golf Cart () Canopies () Chairs () Umbrellas () Other _____

___ Food Truck () Lunch/Dinner Options () Snack Options () Non-Alcoholic Beverages

4. Please list all social channels that you are actively using to promote your business (select all that apply):

() Facebook _____ () Instagram _____

() TikTok _____ () Twitter _____

() Website _____ () Other: _____

Local Phone Number: _____ Business Phone Number: _____

Email: _____

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

1) Name _____ Phone _____
 Address _____ I.D. Card No. Issued _____

2) Name _____ Phone _____
 Address _____ I.D. Card No. Issued _____

VENDING SITE

6. List desired vending location by order of preference.

Please see below for placement determination policy and evaluation criteria.

1 st Preference	
2 nd Preference	
3 rd Preference	
4 th Preference	
5 th Preference	

Vending Zones & Locations

Zone	Appropriate Goods & Services	Locations
Bay Beaches	Equipment rentals, e.g., canopies, chairs, umbrellas, coolers Water sport rentals, e.g., surf boards, boogie boards, kayaks, jet skis Food trucks: non-alcoholic beverages only	<u>Water's Edge</u> <ul style="list-style-type: none"> • McGee Beach • 9 Food truck pedestals <u>*North Beach</u> <ul style="list-style-type: none"> • Beach <p><i>*Requires Vendor Location Authorization Form—vendor must obtain written permission from all property owners within 300 ft.</i></p>
Gulf Beaches	Equipment rentals, e.g., canopies, chairs, umbrellas, coolers, golf carts Water sport rentals, e.g., surf boards, boogie boards, kayaks Food trucks: non-alcoholic beverages only Experience lessons, e.g., surfing, kitesurfing, skimboarding	<i>All locations are waterside</i> <u>North Packery Beach / JP Luby</u> <ul style="list-style-type: none"> • Marker 203 • Marker 206 • Marker 207 <u>South Packery Beach</u> <ul style="list-style-type: none"> • Marker 212 • Marker 212.5 <u>Michael J. Ellis Beach & Seawall</u> <ul style="list-style-type: none"> • Marker 214.5 • Market 215 • Marker 215.5 • Marker 216 <u>Whitecap Beach</u> <ul style="list-style-type: none"> • Marker 223.5
Cole Park	Food trucks: non-alcoholic beverages only	<ul style="list-style-type: none"> • Kid's Place (max. length 21 ft.) • Skate Park
Other Park	Requires Parks & Recreation Director approval	

9. Describe any successful experience providing selected goods or services at previous events including any previous vending seasons (e.g., number of customers served, customer reviews, revenue generated).

**10. Will a vehicle be used in the operation of the business (vending or supply)?
If yes, 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

Type:

Description of vending unit:

Attach a photo.

Approved by (City Representative) _____

Specifications (overall length of trailer, including hitch, attached generator, etc.): _____

11. If selected, the following items will need to be turned in within 1 week.

_____ 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 & Vending Permits, if applicable.

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

Applicant's Name (Printed)

Signature

Date