

## Dear Beach Vendor Applicant:

The Brazoria County Parks Department is responsible for processing the county beach vendor permit applications when a mobile vendor business is conducted on the beach in an area between the line of mean low tide and the natural vegetation line on the sand. Mobile businesses behind the vegetation line are prohibited by the dune protection ordinance.

Brazoria County has approximately 13 miles of beach in its jurisdiction. The county and state law allows for vendors to be stationary on the beach during the day but each evening at dusk you must remove your concession off the beach. NO ONE WILL BE ALLOWED TO KEEP THEIR UNITS ON THE BEACH OVERNIGHT.

Brazoria County is interested in vendors that provide a needed service to the beach visitor, such as food and drinks. Each application will be reviewed and rated on its usefulness to the beach visitor, its attractiveness, cleanliness, quality and quantity of items, and frequency of service.

Sale or rental of motorized equipment such as jet skis or go carts is prohibited. Sale of beverages in glass containers is prohibited.

It is the vendor's responsibility to contact the county health department to obtain a county vendor's permit. Insurance of General Liability and Automobile Liability of \$100,000 per person and \$300,000 per occurrence, with a \$100,000 total for property damage, and that Brazoria County is also named as an insured party is required. If you do not already have this insurance, contact your insurance agent for a quote.

The applicant is to complete and return two (2) copies of the "Personal History Sheet", and two (2) of the "Application for Permit to Operate a Business Establishment on the Public Beaches of the State of Texas" which the applicant must sign, date and have each copy notarized. Return all four sheets and supporting documentation of the county health department's vendor's permit and insurance along with a processing fee to the Brazoria County Parks Department.

Upon approval, the applicant will receive a beach vendor permit from the county. All permits must be posted in your business while on the beach. Vendors will be checked periodically on the beach by the health, sheriff, and parks department.

Applicants interested in establishing a vendor business within city limits must contact that city directly. In Brazoria County there are two (2) municipalities – Surfside Beach, Rt. 2, Box 909, Surfside TX 77541 (979)233-1531; Town of Quintana, TX 77541, (979)233-2123.

No vendor permits are issued for operating a mobile or stationary vendor business in county parks or state parks adjoining the beach.

Sincerely,

Bryan Frazier, Parks Director

BRAZORIA COUNTY PARKS DEPT.

CHECKINS	IO APPLY FOR	A BEACH VENI	OR'S PERMIT			
o 1.	\$100.00 process	ing fee to Brazoria	County.			
<b>2.</b>	Brazoria County	/ Health Departmer	nt vendor's permi	t (approx. \$100).	. •	
<b>a</b> 3.	Required insura	nce (cost range \$50	0 to \$2000)			•
<b>- 4.</b>	Two (2) copies (	of the "Personal Hi	story Sheet" comp	leted and signed.		4
D 5.	Two (2) copies of Beaches of the S	of the "Applicant fo State of Texas" com	or Permit to Opera	nte a Business Est ad notarized.	ablishment o	n the Public
• • •						
Brazoria Coun	nty has received from	<b>n:</b>				•
processed and	the applicant will b	all of the above e notified of permi	documents for a b	each vendor pern	ut. These ite	ms will be
Applicant Nan Address:				<del></del>		
City/Zip:						
Day Phone:  Received By:				· .		
	DIAZONS	County	• •			

Date

## PUBLIC BEACH VENDOR PERSONAL HISTORY SHEET

(Submit in Duplicate)

DATE		
IIAIH		
Dail		

ANSWER ALL QUESTIONS FULLY. ANY FALSE S	TATEMENT WILL DISQU	ALIFY YOU.
FULL LEGAL NAME OF APPLICANT		
Residence Address of Applicant		
How long at current address?yrs. Birth Date:_	_\_\_Sex: DM DF	DL#
Full Name of Spouse (if applicable):	Birth Date: \	\DL#
TYPE OF LICENSE APPLIED FOR □ Mobile	□ Stationary	
TRADE NAME	_ County of Operation	
Manager's Name (if applicable)	DL#	Phone
If the applicant is not an individual list name of any Parmay share in the profit or loss in this business along wi	rtner, Agent, or Employee ha th a driver's license number	wing an interest in the operation of or who of each person.
(1)	(2)	
(3)		
How much actual cash do you personally have invested		
A full financial statement of the vending business m etc.		
Name of Firm or Person financing this business		
Address		
Have you ever used narcotics in any form? □ Yes		
Have you, your partner, manager, or spouse, ever been investigation? If so, give full details.	cited or arrested for any reas	son or been the subject of a criminal
Give three character references and addresses of each -	not relatives or employees:	<del></del>
1		
2		
3		
Give employment for past three years - employer's nam	e, address and dates.	
1	·	
2		
3		
	I certify by my signatu	re the above information is true and correct:
	Applicant's Signature	

## Application For Permit To Operate A Mobile Business Establishment On The Public Beaches Of The State of Texas

## State of Texas County of Brazoria

ARMANAIC HELE			,20
cau said application, the	at all the facts set forth therein are	true and correct, and atteste	d to by the signature below:
STATE OF TEXAS, CO	UNTY OFwho after bein	Before me the undersigned a	authority on this day personally a oath depose and say that after having d to by the signature below:
	7104103	Driver's Lice	nse Number
Name	operating personner must be furnished to omply with this request will result in with Address	uchawat of permit.	ays including name, address, and driver's
• •			ating the beach business vehicle for which you
10. Has any person named in violations?	of 1 or 2 above, or their spouse or employ, if so, state:	ree, ever been arrested (or received	a citation) for any offense including traffic
Make	Type Year-Mod		lumber Lic. /TX No.
	used in business described as follows:	•	
		eekends Only Occasionally	
	or leased:		
			TIONARY – fixed sales during business hour
4. Applicant desires to open	rate under Trade Name of:		
	mit is to mailed:	ver's License No.:	
2. If applicant is a partners for the management of the	hip or corporation, give the name of ON	E partner or officer (not a manager	unless an officer) who is primarily responsibl
Name	Street Address	City/State/Zip Code	Driver's License No.
A. Individual (S B. Partnership ( C. Corporation	lowing and complete as indicated: Show full name and street address as (Show full name of each partner and (Give name and title of each officer,	nartnership atract address as in	dicated below) reet address as indicated below)