

COMMERCIAL USE PERMIT APPLICATION

Parks, Recreation & Cultural Affairs
 901 Fairgrounds Road, Farmington, NM 87401
 Phone: 505-599-1197 Fax: 505-599-1185
www.fmtn.org/prca



APPLICANT INFORMATION

Full Name:		
Organization/Business Name:		
Current address:		
City:	State:	ZIP Code:
Phone (H):	(W):	(Mobile):
Email Address:		
Preferred Contact Method: Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/>		How long have you been a Vendor?
Are you a sole operator? (no employees or volunteers working for you): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have more than one (1) vending unit, if applicable? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, how many?
Description of Unit(s): Push Cart <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Wagon <input type="checkbox"/> Temporary (tent, stand, etc.) <input type="checkbox"/>		

COMMERCIAL ACTIVITY DETAILS

Requested Location:			
Type of Activity:			
Event Name:			
Start Date:	End Date:	Start Time:	End Time:
Proposed Days of Operation (Must be within regular venue operating hours if applicable):			
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>	

REQUIRED DOCUMENTATION

<input type="checkbox"/> Certificate(s) of Insurance (reference Commercial Park Use Guidelines for requirements)
<input type="checkbox"/> City of Farmington Business License

SIGNATURE

Signature of Applicant:	Date:
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FOR PRCA OFFICE USE ONLY

DATE RECEIVED: _____	RECEIVED BY: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED BY: _____	DATE: _____
ENTERED BY: _____	PERMIT/RSV NO # _____