



# BUSINESS/COMMERCIAL ACTIVITY IN PARKS APPLICATION

**FORM INSTRUCTIONS:**

Please fill out the form completely. If a section is not applicable, enter N/A in the space. When submitting this application, a valid government issued ID with photo is required for copying (i.e. driver's license, passport, military ID).

**LICENSE RESPONSIBILITIES:**

When issued, the license must be displayed in plain view while conducting the sale, holding a personal training session or displaying the sale of goods in the parks. Business owners may not bring equipment to the parks that could damage parkland, facilities, amenities or pose a hazard to the general public. These items include but are not limited to: Vehicles on park property; Cables or railroad ties; Attaching equipment to trees, handrails or other fixed items. Please remember that issued licenses does not permit holders to impact or interrupt public use and enjoyment of city parks and amenities. Entrances may never be blocked. If interested in exclusive use, permit holders may rent various parks, facilities and amenities by completing a park rental application and paying corresponding fees.

## APPLICANT INFORMATION

Applicant /Organization Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone during park use: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_



Applicant Photo

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax ID Number: \_\_\_\_\_

Criminal History: Have you been convicted of a felony offense within five (5) years preceding the date of this application?  
(please circle one) YES | NO

Date(s) of Permit License: \_\_\_\_/\_\_\_\_/2020 - \_\_\_\_/\_\_\_\_/2020

Date(s) of Permit License: \_\_\_\_/\_\_\_\_/2020 - \_\_\_\_/\_\_\_\_/2020

*Choose Park Location and License Duration Below:*

<input type="checkbox"/> Charro Ranch Park		<input type="checkbox"/> Dripping Springs Ranch Park		<input type="checkbox"/> Founders Memorial Park		<input type="checkbox"/> Sports & Recreation Park		<input type="checkbox"/> Veterans Memorial Park	
Desired Timeframe		Resident (City Limits & ETJ)	Non-Resident or Not-for-Profit	Commercial					
				In City Limits			Outside City Limits		
<input type="checkbox"/>	Retail Vendor Daily Fee	\$30/Day							
<input type="checkbox"/>	Fitness Trainer 6 Month	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$400		
<input type="checkbox"/>	Fitness Trainer 12 Month	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$400	<input type="checkbox"/>	\$800		

**Insurance Requirements and Description of Activity**

**INSURANCE REQUIREMENTS:**

Are you able to provide a Certificate of Liability Insurance naming the City of Dripping Springs as additionally insured? (please circle one) YES | NO *If approved, a COL will be required prior to the issuance of the license.*

**DESCRIPTION OF ACTIVITY:**

Provide a description of the commercial activity including brand names.

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Type of equipment to be used during activity?

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Please provide any additional information to support your license application. If more room is needed, please attach to this license application.

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**Be sure to read and sign below:** *I hereby agree to indemnify and hold harmless the City of Dripping Springs and employees from and against any and all liabilities for any injury which may be suffered by me or by my party arising out of or in any way connected with participation in the commercial activity noted above. By signing below, I declare I have read, understand and agree to abide by the existing Park Rules. I understand that I can request to have a copy of the Park Rules for my possession or that I may obtain them via the code of ordinances search available to me on the City of Dripping Springs website. I verify that information submitted by me here-in is true and accurate.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**KEEP A COPY OF THE LICENSE WITH YOU AND VISIBLE DURING PARK USE.**

*Please call City Hall if you need assistance. 512-858-4725*

**Please make checks payable to: City of Dripping Springs | Mail to: PO Box 384, Dripping Springs, TX 78620**

**PARKS & COMMUNITY SERVICES USE (Staff use only)**

Date Application Received \_\_\_\_\_

Deposit: \_\_\_\_\_

Entered into Rental system. \_\_\_\_\_

Rental Fee: \_\_\_\_\_

Payment Received \_\_\_\_\_

Approved By: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Cash \_\_\_\_\_ Check Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Notes: \_\_\_\_\_  
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