



AT YOUR SERVICE

Department of Community Services
Community Resources Division

555 Liberty Street SE #300
Salem, Oregon 97301-3513
Phone: (503) 588-6261 FAX (503) 315-2567

SHORT-TERM CONCESSIONAIRE PERMIT APPLICATION

Community and Special Event organizers may contract with food, craft, and other concessionaires as part of their scheduled event. An event representative shall provide the City with a list of approved concessionaires. Concessionaires must also complete the following:

- 1. All revenue-generating concessionaires/vendors associated with and designated by an approved community or special event must complete a Short-Term Concessionaires Permit Application.
2. Fees are \$30 per calendar day per concessionaire.
3. All permit applications must be accompanied by the following:
a. Permit fees (\$30 per day).
b. Certificate of Insurance (food vendors only - see attached insurance information).
4. Concessionaires/vendors must obtain and display County Health Department licenses and/or permits throughout the event.
5. All fees and documentation must be received a minimum of thirty days prior to the start date of the event.
6. Cooking on site is approved under the terms of this permit. All cooking units must meet all state, county, and city health and safety standards. In addition, all units are subject to inspection and approval by the City of Salem Fire Department and/or the State Fire Marshal.
7. Under the terms of this permit, you may be charged for litter pick-up, disposal, and turf and other damages incurred as a result of your concession.
8. Salem Revised Code #94.195 prohibits the consumption and possession of alcohol in any public park, designated sports field, City recreation building, or any other selected areas. Liquor is not allowed, only beer and wine in reservable picnic areas and in conjunction with community and special events through approved caterers. A beer/wine permit may be obtained through the Department of Community Services. Fees are \$50 per permit.

I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH ALL REGULATIONS REGARDING THE PARK AND PARK FACILITIES.

Name: Date:
Business: Phone (Bus): Phone (Res.):
Address:

OFFICE USE ONLY

Short-term Concessionaire Permit approval has been granted to:
Event:
For the following date(s):
For the following site(s):
From: A.M / P.M. To: A.M. / P.M.
Fees Paid: Date: State/Health Permits Received: Date:
Certificate of Insurance Received: Date:

Approved By: Date: