



FOOD CONCESSION PERMIT

Dates of Permit Duration _____ Hours _____

Park Sites _____ Location in Park _____

_____ Location in Park _____

Number of Mobile Units _____

Concession Type _____

Products Sold _____

Company Name _____

Owner Name _____ Phone _____

COBI Business License # _____

County Health Permit # _____

Food Concession Permit Approved By:

_____ Date _____

Community Outreach Program Manager

For: Bainbridge Island Metropolitan Park & Recreation District
7666 NE High School Rd, Bainbridge Island WA 98110
206.842.2306

Park District Permit No. _____