

CONCESSIONAIRE  
ACKNOWLEDGEMENT AND AUTHORIZATION

I have read and understand the attached Rules and Regulations for Beachfront Concession Operations, and agree to abide and be bound by the terms and conditions contained herein. I further understand that as Beachfront Concession Concessionaire, I will be responsible for any financial obligations associated with the, including any required occupational licenses, permits, fees, and/or any fines, penalties, and the satisfaction of any liens, which are imposed related to this Beachfront Concession. Furthermore, I affirm that all of the information I have provided herein is true and correct.

Name of Concessionaire: \_\_\_\_\_  
(Name of Corporation, Partnership, LLC, other)

Signature of Concessionaire's Authorized Representative

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

Name and Title of Concessionaire's Authorized Representative:

\_\_\_\_\_  
(please print)

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

The foregoing instrument was sworn to, subscribed, and acknowledged, before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is either personally known to the undersigned authority or has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

\_\_\_\_\_  
(Signature of Notary)

(affix seal here)