

OPERATIONAL PLAN

Please describe your proposed operation including specific numbers and types of equipment (attach a photograph, copy of brochures or other descriptive materials for equipment), number of personnel, and hours of operation (NOTE: The concession is to be open and operating seven days a week, weather permitting). If a water recreational concession (only for currently existing locations) is requested, attach a sketch illustrating the placement of the equipment as required in the Rules and Regulations. Information should also include the type and number of beach chairs, type and number of umbrellas, type and number of watercraft, etc.)

YOUR AUTHORIZATION WILL BE GRANTED EXCLUSIVELY FOR THE ITEMS AND EQUIPMENT LISTED HEREIN. PLEASE BE SPECIFIC.

	<u>Quantity</u>	<u>Type</u>
Chairs:	_____	_____
Umbrellas:	_____	_____
Cabanas:	_____	_____
Storage Huts:	_____	_____
Storage Boxes:	_____	_____
Food//Beverage Trailers:	_____	_____
Concession Huts:	_____	_____
Other Equipment:	_____	_____
Number of Personnel:	_____	
Hours of Operation:	_____	