

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)