

SCWD GM printed name

SOMERVELL COUNTY WATER DISTRICT

2099 CR 301 • P. O. Box 1386 • Glen Rose, Texas 76043 Office (254) 897-4141 • Fax (254) 897-7461

VENDOR APPLICATION

Company Na	me:	Date requested:		
Address:		City:	State:	Zip:
Phone:		Email:		
Contact Name:		Tax ID Number		
******	***********	*COMPANY INFORMATION***	*******	*******
Organization type: Sole Owner		Corporation	Non-profit	
Company web	osite(s):	What t	ype of product will y	you be selling/renting:
*****	********	***FACILITY INFORMATION**	********	********
VENDOR POI	LICY: Please visit wy	ww.scwd.com for complete Wheeler	Branch park rules and f	fees.
B. 7 S. C. V. F. D. 7 E. V. F. V. G. V.	experience for guests. The issuance of vendor permit space availability, need of provendors will be required to hoark. The fee schedule for vendors weekends. Vendor permit fees will gain park rates. Vendors will be assigned an ovendors must be preapproved the provendors will be available to the preapproved the provendors will be assigned and the preapproved the pr	his discretion issue vendor permits to the discretion issue vendor permits to the discretions of oduct, anticipated park crowd and passave appropriate liability insurance nativily be \$50/day for holiday weekend park entrance for two vendor operated open area to operate and will not be a disty the SCWD General Manager at liability of the scale of the scal	Water District General st experience with vend aming SCWD as co-insuls and \$30/day for week ors. Each additional ven allowed to operate from least 7 days prior to the	Manager and is based on lor. ured prior to entering the adays and non-holiday and staff will pay normal park shelters. proposed activity.
Applicant printed name		Applicant signature		e

SCWD GM signature

Date