

COMMERCIAL MANAGEMENT CONCESSION AGREEMENT (CMCA) APPLICATION

Business Name		Phone Numbers:	
Contact Person			
Address		Email Address:	
City, State, Zip		Website Address:	
Corporate Status (LLC, Inc) and License #			
Are you Non-Profit?	Yes / No	If so, list Tax ID Number	

CMCA AGREEMENT TERMS, CONCESSION FEES, AND INSURANCE REQUIRMENTS:

CMCA agreement is utilized when use of the park is for a commercial activity or business venture for reoccurring events by the same vendor/operator during the course of the year. My initials indicate I have reviewed the sample agreement, concession fees, and insurance requirements available on the website. I am aware of the requirements to enter into a CMCA with Maricopa County Parks and Recreation (<https://www.maricopacountyparks.net/about-us/contract-management/>)

Initial here: _____

DESCRIPTION / SCOPE OF THE RECREATIONAL OPPORTUNITY/SERVICES (INCLUDING ITEMS TO BE SOLD IF APPLICABLE, AND SPACE REQUIRED TO CONDUCT YOUR CONCESSION)

WHAT IS YOUR TARGET AUDIENCE / HOW MANY PARTICPANTS EXPECTED PER "EVENT"

PARK NAME(S) (OR ALL) YOU WILL OPERATE AT:

DAYS / HOURS OF OPERATION

FEES THAT YOU WILL BE CHARGING, COST OF ITEMS FOR SALE (ATTACH SEPARATE SHEET IF NECESSARY)

EQUIPMENT (IF ANY) THAT YOU WILL BRING ON SITE (PLEASE ATTACH PICTURES)

ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO SHARE REGARDING YOUR BUSINESS, INCLUDING REFERENCES.

PROVIDE LISTING OF ALL LICENSES (HEALTH, MERCHANT MARINERS, ETC) AND PERMITS (NATIONAL, STATE, CITY, ETC.) CURRENTLY IN FORCE:

Signature of Applicant _____ Date _____

By signing above, I state the information given in this application is true to the best of my knowledge.

****Once completed, submit the application to MaricopaCountyParks@maricopa.gov. If you have not received contact within five business days, please contact the park directly at 602-506-2930 to determine the status of your application.**

INTERNAL USE ONLY:

PARK RECOMMENDATIONS:

(Administration: Only include applicable parks as noted in the application; multiple parks will require DocuSign for signatures. Send to Park Supervisor(s) for recommendation(s).)

(Park Supervisor: Review CMCA application. Add any comments below. Upon completion of signature(s) for selected park(s) for the CMCA activity, send to MaricopaCountyParks@maricopa.Gov or the instructions provided via DocuSign if multiple parks.)

Reviewer:	Signatures:	Date:
Cave Creek Regional Park		
Spur Cross Ranch Conservation Area		
Buckeye Hills/Estrella Mountain Regional Park		
Lake Pleasant Regional Park		
McDowell Mountain Regional Park		
San Tan Mountain Regional Park		
Utery Mountain Regional Park		
White Tank Mountain Regional Park		
Hassayampa River Preserve		
Vulture Mountain Regional Park		

ADMINISTRATION REVIEW:

REVIEWER NAME:		DATE	
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REQUIRID PERMITS/LICENSES

Food Sales	Yes/No
MCESD Permit Number:	
Food Handler Certificate:	
Copy of last inspection:	
Boat Fishing Guides/Tours:	Yes/No
AZGF Commercial Watercraft Registration:	
Captain's License	
Scuba Certifications	Yes/No
Date Issued:	
Expiration Date:	
MC Risk Management Participant Waiver	