



**FLORIDA**  
**State Parks**  
...the Real Florida<sup>SM</sup>



**COMMERCIAL OPERATOR PERMIT APPLICATION**  
**for**  
**FAKAHATCHEE PRESERVE STRAND STATE PARK**

**Permit Class A:** Annual permit fee of \$800 – allows the permittee to conduct commercial operations in the Park such as bicycle tours, tram tours, paddling tours, swamp walks, hiking tours, and use of Big Cypress Bend Boardwalk area, subject to specific activity authorization and use area restrictions in the actual permit. In addition to the permit fee, a monthly commission will be due on all revenues generated from activities in the park and individual park entry fees collected with it.

**Permit Class B:** Annual permit fee of \$1,200 allows holder to conduct tours at the Big Cypress Bend Boardwalk only. No additional commission is due, but Class B permit holders must pay the standard individual park admission fee upon entry.

**Permit Class C:** \$250 permit fee applicable per each for-profit event held in the Park authorized by the Park Manager. Special terms may apply.

**Permit Class D:** Food services Annual permit fee of \$500 allows holder to operate a food truck at specific locations, times and/or events only, which have been approved by the Park Manager and authorized in writing by FOF. A monthly and/or event commission of 10% is payable. Permit holder is required to comply with all County and State mobile food, food establishment and health regulations. Additionally, the holder is subject to menu and price approval and additional requirements regarding sustainability and vehicle aesthetics. Holder may be subject to utility charges.

\$50.00 Application administration fee is waived on the first Permit Application. Applications will be processed by FOF within 20 business days of receipt, however they are also subject to approval by the Department of Environmental Protection.

***A permit application and paid administration fee does not guarantee authorization to conduct commercial operations in the Park. All permit applications are subject to review and execution of Permitted Commercial Operator Independent Subcontractor Agreement by both the applicant and FOF. The annual permit fee is due upon signature of the Independent Subcontractor Agreement by the applicant.***

Indicate permit Class you are applying for    A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

Print name of business Principal if different from Applicant \_\_\_\_\_

Number of employees and or independent contractors \_\_\_\_\_

Print Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Website \_\_\_\_\_

Tax Payer Identification # \_\_\_\_\_

or if sole proprietorship Social Security # \_\_\_\_\_

**Commercial Activities planned**

Type of activity conducted \_\_\_\_\_

Average group size \_\_\_\_\_

Fees charged \_\_\_\_\_

Type of equipment used \_\_\_\_\_

Length of time spent on State Park land to complete each activity \_\_\_\_\_

Frequency of activities: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Proposed Schedule: AM \_\_\_\_\_ PM \_\_\_\_\_

Please attach additional information if needed.

Proposed location(s) where activities will take place in the Park

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provide two business references**

1. Print Name\_\_\_\_\_Phone number\_\_\_\_\_

Nature of Relationship to applicant:

\_\_\_\_\_

Email:\_\_\_\_\_

2. Print Name\_\_\_\_\_Phone number\_\_\_\_\_

Email;\_\_\_\_\_

Nature of Relationship to applicant:

\_\_\_\_\_

**Signature of Applicant**\_\_\_\_\_ **Date**\_\_\_\_\_

Phone number to reach Applicant\_\_\_\_\_

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When applicable make your \$50.00 Application administration fee payable to Friends of Fakahatchee

Mail Permit Application to

**FOF  
PO BOX 442,  
Bonita Springs FL 34133**

**For quicker service email applications as a PDF to [FOF\\_90@Hotmail.com](mailto:FOF_90@Hotmail.com).**

Questions may be directed to Francine Stevens, FOF Executive Director by email at the above address or by telephone on **239-695-1023**

**Date received by FOF** \_\_\_\_\_