

## COMMERCIAL DOG WALKER PERMIT

Application

**RESET** 

Applicant Informa	tion				
Complete this applica	ation if you are seeking permissions.	on to conduct	commercial dog w	alking on Marin County Open	
Name		Driver's License			
Mailing Address					
City		State		Zip	
Business Phone	Mobile Phone		E-mail Address_		
Business License	Business Name	э			
Preserve Names					
Acceptance by Ap					
and the MCOSD from persons or damage t facility, preserve or a any entitlement to re- revocation of the per conditions attached t	umes and agrees to protect, save any and all claims, liabilities or persons or property arising out rea. By their signature, the application is suance of any permit to application. By their signature, applicant to this commercial dog walker peneir use of the MCOSD lands.	causes of act of or in connicant understate ant after the cagrees to ab	tion, including claim lection with the action with the action of the action of the period by the MCOSD (	ns for injuries and death to vity within the above stated of this permit shall not create mit period, or after any earlier Code, policies, and the	
Signature			Date	e	
For the MCOSD Use	Only. This Application is App	oroved.			
Permit Number	Permit Start Da	te	Permit End Date	)	
	quested				
			Date		
Check one: V	isa O MasterCard	10	Cash ○	Check ○ #	