



LONG ISLAND STATE PARK REGION Application for Park Use Permit



APPLICATION MUST BE RECEIVED NOT LESS THAN 10 DAYS PRIOR TO USE DATE

Fill out and mail to:

**Park Use Permit, Long Island State Parks
PO Box 247, Babylon, NY 11702**

Applications **MUST BE** accompanied by a legal-size, stamped, self-addressed envelope.

NAME OF PARK REQUESTED: 1st choice: _____ DATE REQUESTED: 1st choice: _____
2nd choice: _____ 2nd choice: _____
3rd choice: _____ 3rd choice: _____

1. FACILITIES REQUESTED. _____
(Although every effort will be made to honor requests, we cannot guarantee availability of specific facilities/locations.)
Specific location of Activity within park: _____

2. Is this a sponsored Event?: _____ If yes, please list. _____
(State Parks prohibits tobacco, alcohol, games of chance and some pharmaceutical products sponsorships)

3. Are you supplying giveaways? _____ If yes, please list _____
(State Parks prohibits the distribution of Frisbees, bumper stickers and certain soap products)

4. Type of Activity (check all that apply)
_____ Walkathons _____ Religious Ceremonies _____ Commercial Activity _____ Trolley Shuttle
_____ Athletic/Sports _____ Environmental Studies _____ Wedding Photos _____ Other(please specify)*
* _____

5. NAME OF ORGANIZATION: _____
ADDRESS _____ DAY TIME PHONE () _____

6. NAME OF PERSON APPLYING: _____
ADDRESS: _____ DAY TIME PHONE () _____

7. PERMIT TO BE MAILED TO: *(check one)* organization _____ person in charge of outing _____

8. ESTIMATED TIME OF ARRIVAL: _____ AM _____ PM BEGINNING TIME OF EVENT: _____ AM _____ PM
ENDING TIMES OF EVENT: _____ AM _____ PM ESTIMATED TIME OF DEPARTURE: _____ AM _____ PM

9. ATTENDANCE: Total No. of People _____ No. of Cars _____ No. of Buses _____ No. of Trucks _____ No. of Vans _____

10. Please attach full: **Description of Activities and Itinerary of the Requested Day's Events.**
(Upon approval from park manager, fees will be determined and applicant will be notified)

I CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL COMPLY WITH THE ENCLOSED INFORMATION, CONDITIONS AND REQUIREMENTS:

(SIGNATURE OF APPLICANT)

(DATE)

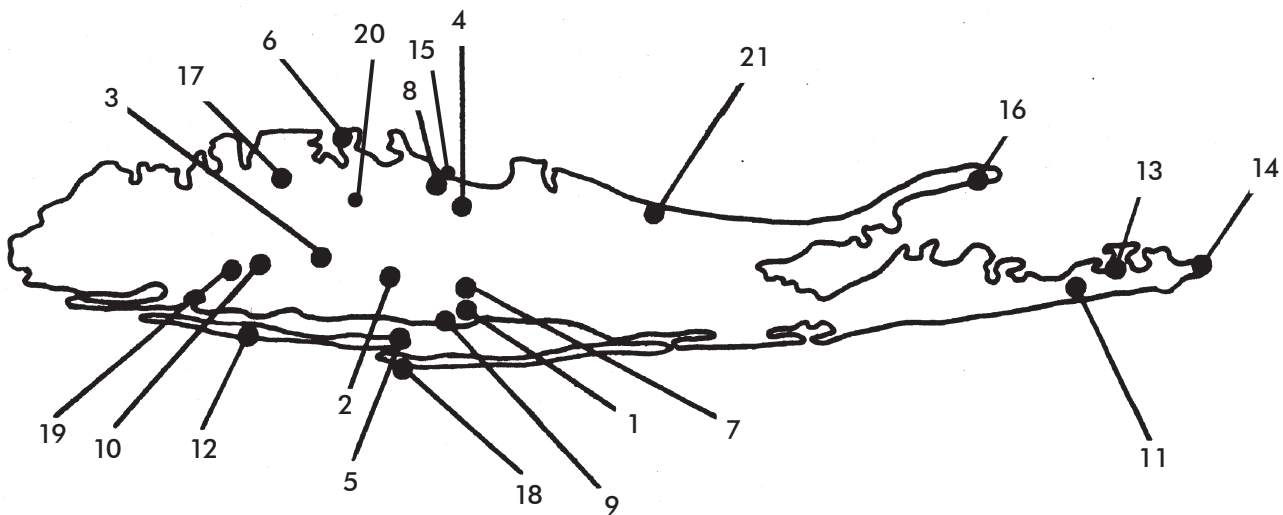
NOTE: IF YOU DO NOT RECEIVE PERMIT 5 DAYS PRIOR TO USE DATE,
CALL THE LONG ISLAND STATE PARK REGION PERMIT OFFICE FOR VERIFICATION. (631-321-3515)

**INFORMATION, CONDITIONS AND REQUIREMENTS
FOR LONG ISLAND STATE PARK REGION PARK USE PERMITS**

1. **PERMIT IS NOT VALID UNTIL FEES AND INSURANCE CERTIFICATE ARE RECEIVED, IF APPLICABLE.** Permittee is required to provide insurance (see attached sample of insurance)
2. Permits are available only when the park and facility requested is scheduled to be open to the general public.
3. Permits are not available when permit area is otherwise previously reserved; permits may be limited on holidays and weekends, or when other special events are scheduled in the Region which may impact facility use.
4. Permits are limited to groups which do not exceed area or facility capacity.
5. Applications must be in writing and must be received not less than 10 days prior to first use date and must be accompanied by a legal size, stamped, self-addressed envelope. Parks may be unable to reserve a specific area more than 90 days prior to proposed use. When possible, parks will endeavor to offer permit applicant reasonable alternatives.
6. The use of the area/facility is limited to the date(s) authorized on the permit. The permit does not entitle the permittee to any alternate dates due to weather conditions.
7. The permittee shall not by word of mouth, in writing in any advertising or publicity, represent or imply that the permittee has any official connection with the Office of Parks, Recreation and Historic Preservation or any of its parks or employees.
8. The permittee may only use the facility or area to which it has been assigned in the permit. Any question as to location of such facility or area must be resolved by the Park Manager.
9. The permittee must provide any equipment to be used such as tables, chairs, umbrellas, etc., or other special equipment as may be authorized in the permit.
10. **THE SALE OR VENDING OF FOOD OR MERCHANDISE IS PROHIBITED.** Vendors, catering services, etc. are **NOT PERMITTED TO ENTER THE PARKS TO DELIVER AND/OR SELL** any foodstuffs, beverages or merchandise to any group or organization. Arrangements for catering may be made through park catering services **ONLY**. (Call 631-321-3515 for information.)
11. Discharge or pickup of individuals or group members on roadways, toll plazas, park entrances, or at any point within the park other than that designated by signs or the Park Manager is prohibited.
12. For the purpose of identification, the permit must be carried by the person in charge and be available if requested by a police officer or park employee. Person in charge must remain at the site of the permit activity.
13. Unless specifically noted in the permit, the use of any public address/amplification/sound system is prohibited.
14. Areas or facilities used by the permittee should be left in a condition equal to that existing on arrival. Permittee is responsible for all clean-up work and for the disposing of all litter the permittee generates in containers provided.
15. All parks, with the exception of certain facilities at Jones Beach State Park, Bayard Cutting Arboretum and Planting Fields Arboretum State Historic Park close at darkness. The reservation for area/facility starts no earlier than 9:00 AM and terminates as indicated in the permit. The permittee, together with all supplies and equipment, must vacate area/facility no later than indicated time.

(OVER)

16. The permit conditions and policy furnished to each applicant are considered part of the application and permit. No waiver of any provision of these conditions and policy is valid unless in writing and signed by an authorized representative of the Office of Parks, Recreation and Historic Preservation. Violation of these requirements or OPRHP regulations may result in immediate rescission of permit, NO REFUND and possible issuance of summons. Permittees found violative of terms of permit and/or Park rules and regulations and/or legal statute may not be eligible for Park Use Permits for a period of not less than one year from date of infraction.
17. The permittee understands Parks may suspend or terminate the permit if continuance of the permit would create a dangerous condition or pose a threat to the health, safety or welfare of the permittee or the public in general.
18. The permittee may not attach signs, placards or written material in any way to a structure or any part of the man-made or natural environment.
19. No materials shall be distributed by the permittee by leaving such material unattended.
20. Permittee may not obstruct, impede or interfere with the free flow of pedestrian or vehicular traffic nor unduly interfere with the use of premises for park and recreation purposes by the public.
21. The permittee is subject to standard conditions of general Park Use Permit and may be subject to additional special conditions specific for the permit location and/or activity requested. Such special conditions, if any, will be included in an appendix to the permit.
22. Any vehicular use fee or park entry fee must be paid at point of entry.
23. For Group Use or Youth Group picnic applications, please call the permit office at 631-321-3515 for appropriate application.



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| 1. Bayard Cutting Arboretum | 12. Jones Beach State Park |
| 2. Belmont Lake State Park | 13. Montauk Downs State Park |
| 3. Bethpage State Park | 14. Montauk Point State Park |
| 4. Caleb Smith State Park | 15. Nissequogue River State Park |
| 5. Captree State Park | 16. Orient Beach State Park |
| 6. Caumsett State Historic Park | 17. Planting Fields Arboretum
State Historic Park |
| 7. Connetquot River State Park Preserve | 18. Robert Moses State Park |
| 8. Gov. Alfred E. Smith/Sunken Meadow State Park | 19. Valley Stream State Park |
| 9. Heckscher State Park | 20. Walt Whitman Birthplace State Historic Site |
| 10. Hempstead Lake State Park | 21. Wildwood State Park |
| 11. Hither Hills State Park | |

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A

COMPANY B

COMPANY C

COMPANY D

INSURED

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 2,000,000
					PERSONAL INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXPENSE (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					BODILY INJURY/PERSON	\$
					BODILY INJURY/ACCIDENT	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKERS COMPENSTATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INC <input type="checkbox"/> EXCL				WC STAT. LIMITS <input type="checkbox"/> OTHER	\$
					EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EA EMPLOYEE	\$
	OTHER Bldrs. Risk/Floater Disability				Contract Value \$ _____	DBL * Statutory



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The People of the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, the Long Island State Park, Recreation and Historic Preservation Commission, their commissioners, officers, agents and employees are named as additional insured.

CERTIFICATE HOLDER

**LONG ISLAND REGION
 N.Y.S. OFFICE OF PARKS RECREATION &
 HISTORIC PRESERVATION
 BELMONT LAKE STATE PARK
 P.O. BOX 247
 BABYLON, NY 11702-0247**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE