



Suffolk County Department of Parks, Recreation & Conservation
Mail Application to: P.O. Box 144, West Sayville, NY 11796
Phone: 631-854-4949
www.suffolkcountyny.gov/parks

APPLICATION FOR PARKLAND GROUP PERMIT

Permit Requested (Check One)

YOUTH GROUP CAMPING _____ GROUP PICNIC _____ ADULT (FAMILY) CAMPING CLUB _____
SPECIAL GROUP EVENT _____ (Specify Below) GENERAL GROUP _____ (HIKE/FIELD TRIP)

(Horse/Dog Event, Fundraiser, Other)

PARK(S) Requested

DATE(S) Requested

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

Name of Group/Organization _____

Address _____ Zip Code _____

Applicant Name _____ Phone _____ Cell # _____

Address _____ Applicant Signature _____

Town _____ State _____ Zip _____ Today's Date _____

Arrival Time _____ a.m./p.m. Departure Time _____ (Parks Close at Dusk)

Estimated # Attending _____ # Cars/Vans _____ # Buses _____

ADULT (FAMILY) CAMPING CLUBS: Total # of Families _____ (7 families minimum non-holiday weekends, 10 families minimum holiday weekends)

SPECIAL EVENTS & PICNICS

Will Food/Beverages be provided? YES _____ NO _____

Is event open to the general public? YES _____ NO _____

If event is open to public **AND** food/beverages are being provided a *SUFFOLK COUNTY HEALTH SERVICES ORGANIZER'S APPLICATION FOR TEMPORARY PERMIT* must be filed. Non-compliance with Health Services regulations may result in event being shut down.

Is event being catered? YES _____ NO _____ Name of Caterer _____

Will alcoholic beverages be provided? YES _____ NO _____ (If YES the Hold Harmless Agreement attached must be Signed & notarized).

Will alcoholic beverages be sold? YES _____ NO _____ (If YES a *Special Event Permit* must be filed with the *NYS Liquor Authority* to obtain a temporary liquor license).

Is this a **Fundraiser**? YES _____ NO _____ Groups wishing to hold fundraisers on Suffolk County Park property must contact the Parks Permit Department at _____ a **minimum of three months prior** to event for permission as Suffolk County Legislative approval is required.

TENTS - Suffolk County Fire Marshall inspection may be required contact Permit Dept. at _____ for information.

VENDORS? YES _____ NO _____ List all _____

Names of vendors (amusement/entertainment, etc.) at event must be listed above. Attach separate sheet if necessary. Vendor(s) chosen must provide a certificate of insurance naming SUFFOLK COUNTY as an additional insured in the amount of **\$2,000,000** per occurrence Comprehensive General Liability.

SPECIAL REQUESTS/COMMENTS: _____

Office Use Only

DATE(S) APPROVED _____ AREA ASSIGNED _____ Picnic _____ Youth _____ Adult _____

PARK APPROVED _____ County Park _____

Received of _____ Amount \$ _____ Cash _____ MO _____ Credit _____

Alcohol Permit Approved _____ (Staff Initials) Transaction # _____ Check _____

SPECIAL INSTRUCTIONS _____

PERMIT # 044421

PARKS DEPT. APPROVAL _____