

## 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



## **GROUP EVENT PERMIT APPLICATION**

Arrival Date:	Arrival Time:	A.M./P.M.
<u>-</u>		A.M./P.M. (Parks Close at Dusk)
Name of Group/Organization		
		Zip Code
Applicant Name	Primary Phone	# Alternate #
Address		
Town		State Zip
Email		
Estimated # Attending	# Cars/Vans # Buses	Camping Clubs: Total # of Families
<ul> <li>Will alcoholic beverages be prove (If YES: File a Hold Harmless Ag</li> <li>Will there be any tents? YES Suffolk County Fire Marshall insp</li> <li>Will there be any vendors? YE</li> <li>List all</li> </ul>	vided or sold? YES NO greement. Must be signed/notarized at NO If yes: How many? pection may be required. Contact Pern S NO	
Vendor(s) chosen must provamount of \$2,000,000 per  Incomplete applications will no	vide a certificate of insurance naming occurrence Comprehensive General I the processed. Once complete	SUFFOLK COUNTY as an additional insured in the Liability. There will be a \$25/per vendor fee ed application is submitted to the West
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