



GROUP EVENT PERMIT APPLICATION

NAME OF EVENT: _____ **TYPE OF EVENT:** _____
 (Group or scout camping, picnic, walk/hike, etc.)

Is this a **Fundraiser?** **YES** ____ **NO** ____ If yes: **DO NOT** continue to fill out this permit. A fundraiser application/contract is required in lieu of this form. *Please note:* Fundraiser applications are time-sensitive as they require Legislative approval. (Typically, 90 to 120 days lead time is required.)

PARK REQUESTED: _____

Arrival Date: _____ **Arrival Time:** _____ A.M./P.M.

Departure Date: _____ **Departure Time:** _____ A.M./P.M. (Parks Close at Dusk)

Name of Group/Organization _____

Address _____ Zip Code _____

Applicant Name _____ Primary Phone # _____ Alternate # _____

Address _____

Town _____ State _____ Zip _____

Email _____

Estimated # Attending _____ # Cars/Vans _____ # Buses _____ Camping Clubs: Total # of Families _____

- ❖ 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.
- ❖ Will Food/Beverages be provided? **YES** ____ **NO** ____
- ❖ Is event being catered? **YES** ____ **NO** ____ Name of Caterer _____
- ❖ Will alcoholic beverages be provided or sold? **YES** ____ **NO** ____
 (If **YES**: File a Hold Harmless Agreement. Must be signed/notarized and returned with application.)
- ❖ Will there be any tents? **YES** ____ **NO** ____ If yes: How many? _____ Size of each _____
 Suffolk County Fire Marshall inspection may be required. Contact Permit Dept. at 631-854-4949 for information.
- ❖ Will there be any 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. There will be a \$25/per vendor fee

Incomplete applications will not be processed. Once completed application is submitted to the West Sayville Administration Office, it will be reviewed and processed. You will be contacted for payment and for any additional information that may be needed. You will receive a copy of this application once it has been approved and processed.

SPECIAL REQUESTS/COMMENTS: _____

Applicant Signature _____ **Date** _____

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Office Use Only

PARK APPROVED _____ DATE(S) APPROVED _____

AREA ASSIGNED _____

Payment Amount \$ _____ Cash ____ MO ____ Credit ____ Check _____ Receipt # _____

SPECIAL INSTRUCTIONS _____

PARKS DEPARTMENT APPROVAL _____ HH ID#: _____

Alcohol Permit Approved _____ (Staff Initials)