



## 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)