



LONG ISLAND STATE PARKS REGION

2024 Bayard Cutting Arboretum (Hidden Oak Café)
Alcoholic Beverage Application

ALL APPLICATIONS MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO THE DATE OF THE EVENT.

PLEASE PRINT CLEARLY

- 1. NAME OF PARK REQUESTED: BAYARD CUTTING ARBORETUM- HIDDEN OAK CAFÉ
2. DATE OF EVENT:
3. NAME OR ORGANIZATION OR GROUP (if applicable):
4. NAME OF PERSON THE RESERVATION IS UNDER:
5. STREET (where final permit will be mailed):
6. TOWN/CITY: STATE: ZIP:
7. PHONE:
8. APPROXIMATE TIME OF ARRIVAL: AM PM; APPROXIMATE TIME OF DEPARTURE: AM PM
9. APPROXIMATELY HOW MANY PERSONS OVER AGE 21 WILL BE DRINKING ALCOHOL:
TOTAL # OF PEOPLE IN GROUP:

CONDITIONS

- 1. This permit is valid ONLY at the time and place noted and does not constitute a reservation or grant exclusive use of any area of the above-named park.
2. The person whose signature appears above shall be in attendance during the entire period stated in this permit and shall carry a copy of this permit.
3. The person applying for this permit must be age 21 or older. State Parks reserves the right to require proof of age of the Permittee or any other person in the company of the Permittee.
4. No alcoholic beverage shall be served to or consumed by minors (those under age 21).
5. The alcohol shall not be sold to any other park patron, including any member of the Permittee's organization or group at a price per drink. No alcoholic beverages shall be left on site unattended overnight.
6. State Parks reserves the right to limit the amount of alcohol allowed.
7. All vehicles must park in designated areas only.
8. Transportation of alcoholic beverages is permitted in unopened containers only.
9. The Permittee is responsible for cleaning the premises and leaving it in the same general condition as it was at the time of occupancy. In the event of any damage to State property or any excessive clean up expense, Permittee will assume all costs of restitution.
10. Permittee shall defend, indemnify and hold harmless the People of the State of New York, the Executive Department, the New York State Office of Parks, Recreation and Historic Preservation and their commissioners, officers, agents and employees from and against damages for injury to or death of persons and for damage to or destruction of property of State Parks or others occurring during Permittee's use of said Premises and caused by the acts, omissions, neglect or misconduct of Permittee or any of its principals, employees, agents, contractors, licensees or guests in the conduct of Permittee's operations under this permit. The Permittee assumes all risk of loss of the Permittee's or that of its principals, agents, employees, contractors and guests. Permittee's liability is not limited to any insurance coverage that may be separately required.
11. Amplification of music or other sounds shall not be permitted and require a separate permit.
12. A violation of park ordinances or other laws, public intoxication, disorderly conduct, creating a public nuisance by any member of the organization, group or their guests, or their non-compliance with this permit are all grounds for the Park Manager or Park Police to revoke this permit and evict the group from the park.

BY SIGNING THIS FORM, I ACCEPT THE ABOVE TERMS AND CONDITIONS.

Signature: X Date:

**** MUST ENCLOSE A COPY OF APPLICANT'S DRIVER'S LICENSE WITH THIS APPLICATION ****

PAYMENT

ALCOHOL PERMIT (\$25) A COPY OF THE APPLICANT'S DRIVER'S LICENSE MUST BE INCLUDED \$ _____

TOTAL ENCLOSED \$ _____

Check or Money Order payable to: NYS PARKS			
Check/Money Order # _____			

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
Credit Card # _____			
Exp. Date: _____	Security Code # _____		
Name on Card: _____			
Signature: X _____			

BE SURE TO:

- 1. SUBMIT COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION AT LEAST 14 DAYS PRIOR TO THE DATE OF YOUR EVENT.**
- 2. ENCLOSE A SELF-ADDRESSED, STAMPED, #10 BUSINESS ENVELOPE (4 1/8" X 9 1/2").**
- 3. ENCLOSE A COPY OF DRIVER'S LICENSE WITH ALCOHOL PERMIT APPLICATION.**
- 4. ENCLOSE PAYMENT. DO NOT MAIL OR DROP OFF WITH CASH.**

MAIL TO: Permits PO BOX 247 Babylon, NY 11702	BRING TO OUR OFFICE (Mon - Fri, 9am - 4:45pm): Long Island Regional HQ-Permits Office 625 Belmont Avenue West Babylon, NY 11704	EMAIL TO: LongIslandPermits@parks.ny.gov
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ALL APPLICATIONS RECEIVED LESS THAN 14 DAYS PRIOR TO EVENT DATE WILL BE RETURNED. ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.

THIS PAYMENT DOCUMENT WILL BE SHREDDED ONCE PAYMENT IS PROCESSED.