



### PERMIT APPLICATION

Event Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

State Park: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Date Requesting: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number in Party: \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_

Describe event to be held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \_\_\_\_\_

Permittee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Park Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form and payment to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please discuss any special conditions that may apply to your permit with the Park Manager prior to completing this form. All approved special conditions are listed on the back of form.*

**Certificate of Insurance required by forms ACORD-25 (\*weddings/elopements are exempt\*)**

The Permittee agrees to defend, indemnify, and hold harmless the State of New York, OPRHP, and their officers, employees and agents from and against any claims, damages, losses and expenses arising out of or relating to the permit.

Prior to the start of the permit, Permittee must provide proof of Commercial General Liability with limit not less than \$1 million for each occurrence and Aggregate Coverage with limit not less than \$2 million per accident or occurrence on an ACORD-25 Certificate of Insurance to include the organization name, event location, and event date along with the following wording for Additional Insured: "The State of New York, OPRHP, and their officers, employees, and agents are named as additional insured"

**Certificate Holder must be the State of New York, OPRHP, 625 Broadway, Albany, NY 12238**

**Participants responsible for paying the vehicle use fee on day of the event.**

**For official use only:**

MRR# \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Issued by: \_\_\_\_\_

