New York State Office of Parks, Recreation and Historic Preservation
Finger Lakes Region

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:_______________________
Special Conditions: