



LONG ISLAND STATE PARKS REGION

2021 Alcoholic Beverage Application

ALL APPLICATIONS MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE DATE OF THE EVENT.

PLEASE PRINT CLEARLY

- 1. NAME OF PARK REQUESTED: BAYARD CUTTING ARBORETUM-HIDDEN OAK CAFE TODAY'S DATE:
2. DATE OF EVENT:
3. NAME OF ORGANIZATION OR GROUP (if applicable)
4. NAME OF PERSON IN CHARGE OF OUTING
5. STREET (where final permit will be mailed) APT #/ FL
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 BEER? #
APPROXIMATELY HOW MANY PERSONS OVER AGE 21 WILL BE DRINKING WINE? #
TOTAL # PEOPLE IN GROUP COMBINED TOTAL OF BEER AND WINE MUST NOT EXCEED TOTAL NUMBER OF PEOPLE IN GROUP.

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- 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.

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 APPLICANTS DRIVER'S LICENSE MUST BE INCLUDED \$ \_\_\_\_\_  
TOTAL ENCLOSED \_\_\_\_\_

**Check or Money Order payable to: OPRHP-LI REGION**

Check/Money Order # \_\_\_\_\_

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VISA                      MASTERCARD                      DISCOVER                      AMEX

Credit card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code # \_\_\_\_\_

Signature: X \_\_\_\_\_

**BE SURE TO:**

1. SUBMIT COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION IN PERSON OR BY MAIL SO THAT IT IS ***IN OUR OFFICE AT LEAST 10 BUSINESS 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 CASH.

Mail to:

Permits  
PO BOX 247  
Babylon, NY 11702

OR

Bring in to our DROP-BOX (M-F, 9am-4:45pm)  
located at: **(ALL APPLICATIONS MUST BE IN AN ENVELOPE)**  
Long Island Regional Headquarters-Permits Office  
625 Belmont Ave.  
W. Babylon, NY 11704  
SOUTHERN STATE PKY (EXIT 37N)

**ALL APPLICATIONS RECEIVED IN LESS THAN 10 BUSINESS DAYS WILL BE RETURNED.**  
**ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**THIS PAYMENT DOCUMENT WILL BE SHREDDED ONCE PAYMENT IS PROCESSED.**