

SPECIAL USE PERMIT APPLICATION

Thousand Islands Region

Organization Name: Contact Person: Address:					
Phone Number: State Park:					
Specific Location:					
Date Requesting:					
Start Time:	End Time:				
Number in Party:	Number of Vehicles:				
Describe activity to be held:					
Will donations, contributions, or fees be co	llected? ¹ Yes No				
Additional Permits Requested: Alcohol	Amplified Sound Catering	Tent			
Applicant's Signature:	Date:				
Park Manager's Signature:	Date:_				
Send completed form and payment to:	EMAIL: WestcottBeachSP@parks MAILING ADDRESS: Westcott Bea PO Box 339 Sackets Harbor, N	ach State Park			
This application does not grant permission for an reviewed, and the corresponding permits will be it conditions are agreed upon and fees collected.					
Certificate of Insurance required by forms ACO. The Permittee agrees to defend, indemnify, and hold harm agents from and against any claims, damages, losses and expenses Prior to the start of the permit, Permittee must provide profor each occurrence and Aggregate Coverage with limit not less the of Insurance to include the organization name, event location, and "The State of New York, OPRHP, and their officers, employees."	nless the State of New York, OPRHP, and the arising out of or relating to the permit. oof of Commercial General Liability with line \$2 million per accident or occurrence on event date along with the following wording	mit not less than \$1 million an ACORD-25 Certificate g for Additional Insured:			
Certificate Holder must be the State of New York, OPRHP, 62	5 Broadway, Albany, NY 12238	For official use only: Permit ID:			
¹ Donations, contributions, and fees may not be solicited or received within a State Park by any individual or organization without written approval from OPRHP. Requests for such approval must be accompanied by proof of nonprofit status, charitable organization, or fundraising registration.		Date Received: Amount Received:			

Special Conditions:			
	 	 	
		 	