## Permits that may be required for your event at Robert Treman or Buttermilk Falls SPs

### NOTE: These must be addressed no later than 3 weeks PRIOR to your event.

| You will need:                |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | Park<br>Permit                                                                                                                                                                                                                 | Regional<br>Permit                                                                                                                                                                                                                                                 | State<br>Permit                                                                                                                                                                                                                                                                                                                                                              | Insurance                                                                                                                                                                                                                                                               | Fire /<br>Tent Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Coupon Agreement              | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Alcohol Permit                | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NY Liquor Authority Permit    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                    | *                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Amplified Music Permit        | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Trash Permit Fee              | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Tent Permit                   |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                               | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Prior Park Approval           | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| dding Planners, Caterers, Pho | otographers                                                                                                                                                                                                                    | s, etc.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Special Use Permit            |                                                                                                                                                                                                                                | *                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              | *                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Chicken Cooker Fee            | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Swim Permit                   | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Prior Park Approval           | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                               | Coupon Agreement  Alcohol Permit  NY Liquor Authority Permit  Amplified Music Permit  Trash Permit Fee  Tent Permit  Prior Park Approval  dding Planners, Caterers, Photospherical Use Permit  Chicken Cooker Fee  Swim Permit | Coupon Agreement  Alcohol Permit  NY Liquor Authority Permit  Amplified Music Permit  Trash Permit Fee  Tent Permit  Park Permit  Trash Permit  Prior Park Approval  Adding Planners, Caterers, Photographers  Special Use Permit  Chicken Cooker Fee  Swim Permit | Park Permit  Coupon Agreement  Alcohol Permit  NY Liquor Authority Permit  Amplified Music Permit  Trash Permit Fee  Tent Permit  Prior Park Approval  dding Planners, Caterers, Photographers, etc.  Special Use Permit  Chicken Cooker Fee  Swim Permit  Regional Permit  **  Prior Park Approval  **  Chicken Cooker Fee  Swim Permit  **  **  **  **  **  **  **  **  ** | Park Permit Permit Permit  Coupon Agreement  Alcohol Permit  NY Liquor Authority Permit  Amplified Music Permit  Trash Permit Fee  Tent Permit  Prior Park Approval  dding Planners, Caterers, Photographers, etc.  Special Use Permit  Chicken Cooker Fee  Swim Permit | Park Permit Permit Insurance  Coupon Agreement  Alcohol Permit  NY Liquor Authority Permit  Amplified Music Permit  Trash Permit Fee  Tent Permit  Prior Park Approval  adding Planners, Caterers, Photographers, etc.  Special Use Permit  Chicken Cooker Fee  Swim Permit  Regional Permit Insurance Insurance  Insurance  State Permit Insurance  Insurance |

Examples: Bounce House, Obstacle Course, Slide, Petting Zoo, etc.

Please call Robert Treman State Park with any questions - 607-273-3440





Robert H. Treman, Buttermilk State Parks 105 Enfield Falls Road, Ithaca NY 14850 Phone: 607-273-3440 Fax: 607-272-1886

#### OTHER APPLICATIONS AND PERMITS THAT MAY BE REQUIRED

**Shelters rent from 10am to 9pm**. Shelters are <u>not available</u> before 10 am for decorating or set up. If you have a multiple day rental the shelter can be opened earlier on the 2nd and subsequent days.

### \*\*\*Shelter is locked at 9 pm even with multiple day rentals\*\*\*

| Event I | Name, Location, Dates/Times:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | Additional Location Permit – If you are planning on being married in the park at a location other than the shelter                                                                                                                                                                                                                                                                                                                                                                                  |
|         | rented, we need to know all of the logistics of the event. The ceremony location must be approved by the park manger before any planning occurs. An additional fee will be required. Location:                                                                                                                                                                                                                                                                                                      |
|         | *** Shelter rental does not include vehicle fees for you, your guests, or officiates ***                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | <b>Vehicle Use Fee</b> – Everyone entering the park is required to pay the vehicle use fee, even if they have rented a shelter. Vehicles that seat 15 people or less pay \$9. Vehicles that seat 16 people or more pay the \$35 bus fee.                                                                                                                                                                                                                                                            |
|         | <b>Coupon Agreement</b> – You may choose to pay for your guests by submitting a Coupon Agreement to us <b>no later than 3 weeks prior to your event</b> . The coupon design must be approved by the Park Office <b>in advance</b> , and a copy sent with the agreement. Coupons are turned in at the gates. Coupons are tallied at the end of the night and multiplied by \$9. The total is charged to the credit card on file with the Coupon Agreement form.                                      |
|         | <b>Alcohol Beverage Permit</b> – There is no fee for this permit. The permit must be filled out at the Park Office <i>on the day of the event</i> . The permit requires such information as who is taking responsibility for the alcohol, how much and what kinds are being brought into the park.                                                                                                                                                                                                  |
|         | Amplified Music Permit – There is no fee or form for this permit. You must submit a proposal in writing to the Park Office for your amplified music usage. Required information includes time frame of usage, location of usage and what kind. (Example: a large stereo, live band, DJ, etc.) Proposal must be submitted <i>no later than 3 weeks prior to your event.</i> NOTE: South & Upper Treman Shelters - Non-Amplified, acoustic music ONLY.                                                |
|         | <b>Garbage Permit</b> – The park is a carry-in carry - out facility. Garbage removal is available for a <b>\$50 fee</b> . Please contact the park <i>no later than 3 weeks prior to your event</i> to arrange for garbage removal. If you do not arrange for removal you are responsible for taking all garbage out of the park with you after your event.                                                                                                                                          |
|         | <b>Tent Permit</b> – Tents (w/walls) <i>larger than</i> 400 sq. ft., or canopies (no walls) larger than 700 sq. ft. will need a permit. This is a regional permit that requires strict fire code enforcement. It must be submitted <i>no later than 3 weeks prior to your event</i> to be processed with our regional headquarters. The fee for this permit is generally \$25 per tent or canopy. (Personal backyard-type pop-up canopies <i>smaller than 400 sq. ft.</i> do not require a permit.) |
|         | <b>Vendors</b> – Please submit a list of vendors with dates and times of pick-ups and drop off prior to your event. (Example: Wedding planners, Caterers, Table/Chair Rentals, DJs, Live Musicians.) If you are planning on using a <b>Food Truck</b> , special rules and regulations apply. Contact Robert H. Treman Park Office for details.                                                                                                                                                      |
|         | <b>Chicken Cooker</b> — Each park has a large barbeque grill available for an additional \$25 fee, make arrangements no later than 3 weeks prior to your event.                                                                                                                                                                                                                                                                                                                                     |
|         | <b>Swim Permits</b> – Fee required – Groups of 20 people or more, wishing to swim together as a group, at the same time, are required to secure a Swim Permit. (Example: Day Camps, Field Trips, Birthday Parties, etc.)                                                                                                                                                                                                                                                                            |
|         | <b>Special Activities</b> – Fee may be required. Activities or events such as Bounce Houses, Petting Zoos, Live Animal Displays, etc. require Park approval <i>no later than 3 weeks prior to your event</i> .                                                                                                                                                                                                                                                                                      |

# Food Truck Use with Shelter Rentals at Robert H. Treman and Buttermilk Falls State Parks

- The renter of the shelter should submit a **Special Use Permit** application to the park office **at least 3 weeks prior to the event** for approval by the Park Manager.
- The Food Truck owners need to supply the park a copy of their insurance, with this park added as *Additionally Insured*. The following language should be used:

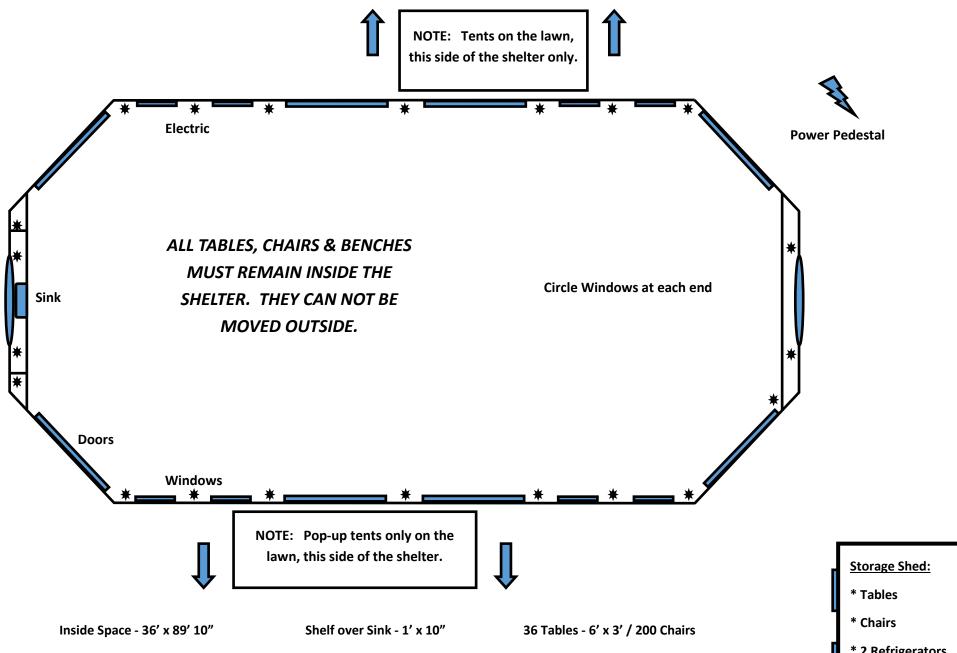
#### Certificate of Insurance required by forms ACORD-25

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 in the form of 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

- The Food Truck owner must also submit to the Park Manager a copy of their *Certificate* for Operation from the Tompkins County NY Department of Health.
- Food Truck vendors are responsible for their own electricity and be completely selfcontained.
- Food Truck vendors should operate as a caterer for the event and must not sell food to guests or the public while in the park.





8 Windows - 4' 6" x 6"

Sink Counter - 2'3" x 10'

8 Double Doors - 6'7" x 7'4"

Shelf w/o Sink - 1' x 12"

(Doors and Windows spaced 4'6" apart)

21 Outlets total

Counter w/o Sink-2'3" x 19'5"

(15'15" w/beveled edges)

7 Wood Beams

(3 w/fans, all w/ 2 lights)

8 Skylights

2 Closets (each end of sink counter)

\* 2 Refrigerators

for patron's use

# **Robert H. Treman Lower North Shelter**







### <u>Directions to Robert H. Treman State Park - 105 Enfield Falls Road, Ithaca NY 14850</u>

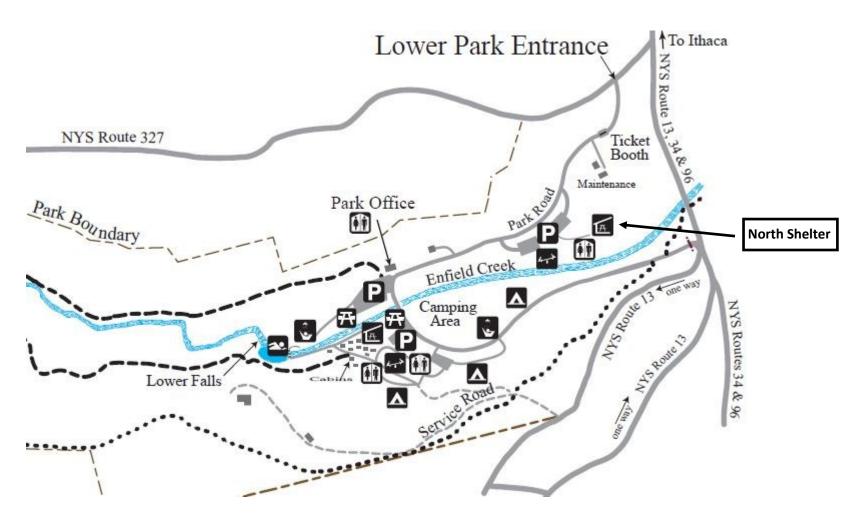
From Downtown Ithaca:

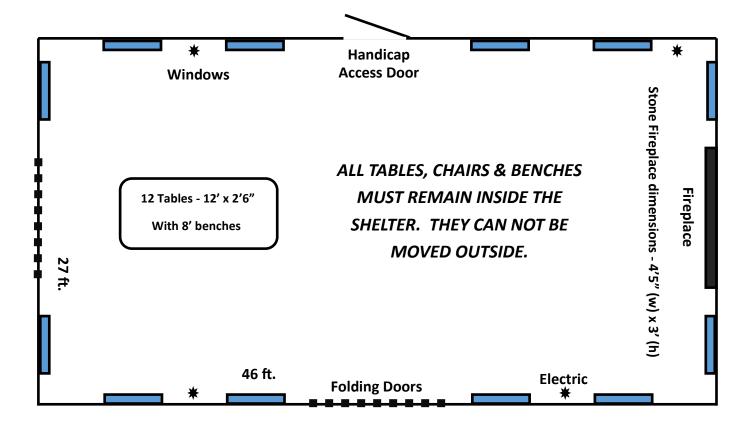
Follow NY-13 S/NY-34/NY-96 S out of town toward Elmira.

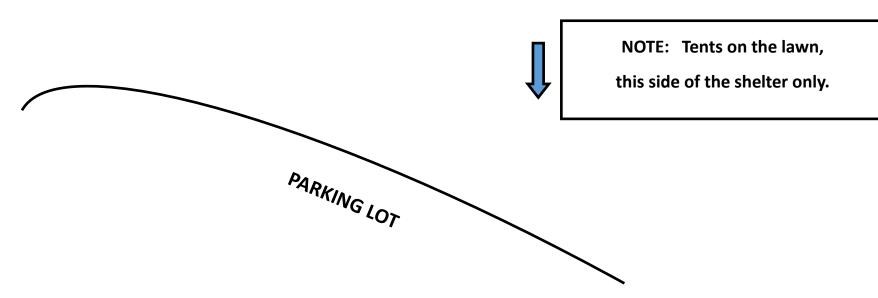
Turn right onto NY-327 N, 2 miles past the town line.

Turn left onto Park Road.

\*North Shelter is the 2nd left turn after entering the park.







# **Robert H. Treman South Shelter**









### <u>Directions to Robert H. Treman State Park - 105 Enfield Falls Road, Ithaca, NY 14850</u>

From Downtown Ithaca:

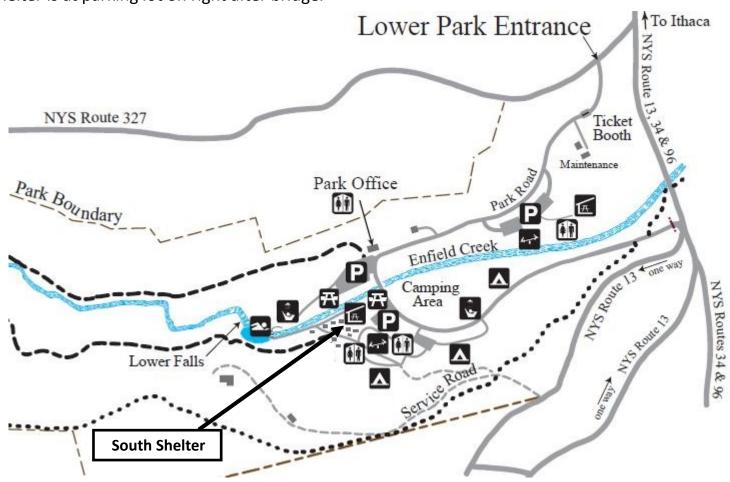
Follow NY-13 S/NY-34/NY-96 S out of town toward Elmira.

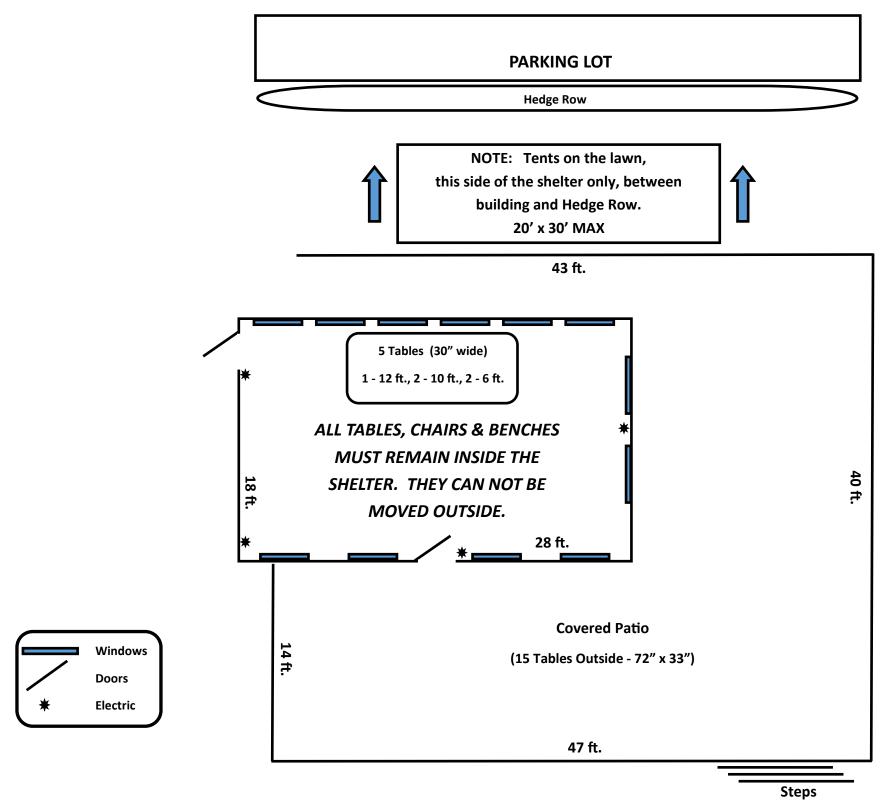
Turn right onto NY-327 N, 2 miles past the town line.

Turn left onto Park Road.

Follow road to office and turn left over bridge.

\*South Shelter is at parking lot on right after bridge.





# **Robert H. Treman Upper Shelter**



### <u>Directions to Upper Robert H. Treman State Park - 150 Upper Park Road, Newfield NY 14867</u>

From Downtown Ithaca:

Follow NY-13 S/NY-34/NY-96 S out of town toward Elmira.

Turn right onto NY-327 N, 2 miles past the town line.

Travel 3 miles past lower park entrance.

Turn left into Upper Park Entrance.

\*Upper Shelter is at the end of the Old Mill parking lot.

