

### LONG ISLAND STATE PARKS REGION

# **2024** Bus Permit Application

## ALL APPLICATIONS MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO THE DATE OF THE EVENT.

PLEASE PRINT CLEARLY- ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

2 <sup>ND</sup>	choice:	( REQUESTED:	EVENT DATE:
	choice, if	f desired:	
2. SPECIFI	IC LOCAT	TION IN PARK REQUESTED	
J. INAIVIE	OF ONG	ANIZATION OR GROUP (if applicable) _	
4. NAME	OF PERS	ON IN CHARGE OF OUTING	
5. E-MAIL	ADDRES	SS OF PERSON IN CHARGE	
6. STREET	(where	final permit will be mailed)	APT #/ FL
7. TOWN/	CITY		STATE ZIP
8. PHONE			
9. APPROX	XIMATE # PEOPL	TIME OF ARRIVAL: AM	PM; APPROXIMATE TIME OF DEPARTURE:AM PM
11. IF YOU F	HAVE ALF	READY SUBMITTED A GROUP PICNIC PE	RMIT APPLICATION, PLEASE INDICATE GROUP PERMIT NUMBER
		GROUP PICNIC PERMIT #	
12. IF YOU BO	OKED A		PLICATION TO YOUR RESERVATION, PLEASE INDICATE
		The same and the s	I LICATION TO TOOK KENEKVATION PLEASE MINICATE
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	ION # FR	OM RESERVE AMERICA: PAVILION R	ESERVATION #
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### **PAYMENT**

\*\*IF NO PERMIT IS REQUIRED FOR YOUR DESIRED ADD ON, OUR OFFICE WILL NOTIFY YOU VIA EMAIL; YOUR PAYMENT WILL BE RETURNED TO THE ADDRESS PROVIDED\*\*

(DO NOT PRINT THIS PAGE DOUBLE SIDED)

OUPS OF 50 OR MORE USING THE PICNIC A	AREA ONLY ( <u>APPLICATION</u> REQUIRED)	NO F
COHOL <b>(\$25)</b> <u>COPY OF THE APPLICANTS DE</u>		\$
/ AMPLIFIED SOUND <b>(\$25 each)</b>		\$
LATABLE <b>(\$25 each)</b> INSURANCE REQUIRE	ED WITH APPLICATION	\$
NY RIDE/PETTING ZOO <b>(\$25 each)</b>		\$
S PERMIT <b>(\$35 each)</b>		\$
SCELLANEOUS ADD-ON <b>(\$25 each)</b> - <u>ADDITI</u> <u>MANAG</u>	IONAL FEES MAY APPLY. REQUIRES PARK EMENT APPROVAL	\$
	TOTAL ENCL	OSED \$
Check/Money Order #	Order payable to: NYS PARKS	
Check/Money Order # *********************************	Order payable to: NYS PARKS	***
Check/Money Order #  ****************  VISA MASTERC	Order payable to: NYS PARKS  ***********************************	***
Check/Money Order #  *************  VISA	Order payable to: NYS PARKS  ***********************************	***
Check/Money Order #  **************************  VISA	Order payable to: NYS PARKS  ***********************************	***

#### **BES**

- THE DATE OF YOUR EVENT.
- 2. ENCLOSE A SELF-ADDRESSED, STAMPED, #10 BUSINESS ENVELOPE (4 1/8" X 9 1/2").
- 3. ENCLOSE INSURANCE FOR INFLATABLE, PONY RIDE, PETTING ZOO.
- 4. ENCLOSE DOCUMENTS REQUIRED FOR MISC. ADD ON PERMIT (IF APPLICABLE)
- 5. ENCLOSE A COPY OF DRIVER'S LICENSE WITH ALCOHOL PERMIT APPLICATION.
- 6. ENCLOSE PAYMENT. DO NOT MAIL OR DROP OFF WITH CASH.

MAIL TO: BRING TO OUR OFFICE (Mon - Fri, 9am - 4:45pm): **EMAIL TO:** 

**Permits** Long Island Regional HQ-Permits Office LongIslandPermits@parks.ny.gov **PO BOX 247** 

625 Belmont Avenue Babylon, NY 11702 West Babylon, NY 11704

> ALL APPLICATIONS RECEIVED LESS THAN 14 DAYS PRIOR TO EVENT DATE WILL BE RETURNED. ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.

Group Use Permit applications can be downloaded at parks.ny.gov  $\rightarrow$  Regions  $\rightarrow$  Long Island  $\rightarrow$  Permits