



Suffolk County Department of Parks, Recreation & Conservation
 Mail Application to: P.O. Box 144, West Sayville, NY 11796
 Phone: 631-854-4951-4964
 www.suffolkcountyny.gov/parks

APPLICATION FOR PARKLAND GROUP PERMIT

Permit Requested (Check One)

YOUTH GROUP CAMPING GROUP PICNIC _____ ADULT (FAMILY) CAMPING CLUB _____
 SPECIAL GROUP EVENT _____ (Specify Below) GENERAL GROUP _____ (HIKE/FIELD TRIP)

(Horse/Dog Event, Fundraiser, Other)

PARK(S) Requested

DATE(S) Requested

1st Choice Cedar Point 1st Choice April 25th
 2nd Choice _____ 2nd Choice _____

Name of Group/Organization Boy Scout Troop 125
 Address 486 Townline Rd Commack Zip Code 11725
 Applicant Name Bob Kowalski Phone 543-2794 Cell # 897-9266
 Address 8 Edscho Lane Applicant Signature [Signature]
 Town Commack State NY Zip 11725 Today's Date 3/31/09
 Arrival Time 10:00 a.m./p.m. Departure Time 12:00pm (Parks Close at Dusk)
 Estimated # Attending 15 # Cars/Vans 4 # Buses _____

ADULT (FAMILY) CAMPING CLUBS: Total # of Units _____ (7 unit minimum non-holiday weekends, 10 unit minimum holiday weekends)

SPECIAL EVENTS & PICNICS

Will Food/Beverages be provided? YES _____ NO _____

Is event open to the general public? YES _____ NO _____

If event is open to public **AND** food/beverages are being provided a **SUFFOLK COUNTY HEALTH SERVICES ORGANIZER'S APPLICATION FOR TEMPORARY PERMIT** must be filed. Non-compliance with Health Services regulations may result in event being shut down.

Is event being catered? YES _____ NO _____ Name of Caterer _____

Will alcoholic beverages be provided? YES _____ NO _____ (If YES the Hold Harmless Agreement attached must be Signed & notarized).

Will alcoholic beverages be sold? YES _____ NO _____ (If YES a Special Event Permit must be filed with the NYS Liquor Authority to obtain a temporary liquor license).

Is this a Fundraiser? YES _____ NO _____ Groups wishing to hold fundraisers on Suffolk County Park property must contact the Parks Permit Department at 854-4951 a **minimum of three months prior** to event for permission as Suffolk County Legislative approval is required.

TENTS - Suffolk County Fire Marshall inspection may be required contact Permit Dept. at 854-4951 for information.

VENDORS? YES _____ NO _____ List all _____

Names of vendors (amusement/entertainment, etc.) at event must be listed above. Attach separate sheet if necessary. Vendor(s) chosen must provide a certificate of insurance naming SUFFOLK COUNTY as an additional insured in the amount of **\$2,000,000** per occurrence Comprehensive General Liability.

SPECIAL REQUESTS/COMMENTS:

Office Use Only

DATE(S) APPROVED APR 1 25-26, 2009 AREA ASSIGNED #1 Picnic _____
 Youth Adult _____

PARK APPROVED cedar point County Park _____

Received of ROBERT KOWALSKI Amount \$ 30.00 Cash _____ MO _____ Credit VISA
 Alcohol Permit Approved _____ (Staff Initials) Transaction # 24792 Check _____

SPECIAL INSTRUCTIONS _____

PERMIT # 32875
 43-0201..03/07

PARKS DEPT. APPROVAL [Signature]

West Sayville Administration
Montauk Highway
West Sayville, NY
(631) 854-4949

Sales Receipt

Transaction #: 24792
Date: 3/31/2009 Time: 1:06:21 PM
Cashier: Dawn Register #: 3

Reference: Cedar Point
Cedar Point/Robert Kowalski/April 25-26, 2009

Item	Description	Amount
YthGrpCamp	Youth Group Camping	\$30.00
	Sub Total	\$30.00
	Total	\$30.00
	Visa Tendered	\$30.00
	Card: XXXXXXXXXXXX6041	
	Auth: 277218	
	Change Due	\$0.00



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Thank you.

We hope you'll come back soon!
West Sayville Administration
<http://www.suffolkcountyny.gov/parks>