New York State
Parks, Recreation and
Historic Preservation

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 collected? [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.ny.gov

MAILING ADDRESS: Westcott Beach State Park
PO Box 339 Sackets Harbor, NY 13685

This application does not grant permission for any requested activity. The information provided will be reviewed, and the corresponding permits will be issued by the Park Manager after terms and conditions are agreed upon and fees collected.

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 with limit not less than $1 million for each occurrence and Aggregate Coverage with limit not less than $2 million per accident or occurrence on 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

[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.

For official use only:

Permit ID:_____

Date Received:_____

Amount Received:_____

Issued by:_____

Special Conditions: