



**RHODE ISLAND  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**Division of Parks & Recreation**  
1100 Tower Hill Road  
North Kingstown, RI 02852

Office 401-667-6200  
Fax 401-667-3995  
Website [www.riparks.com](http://www.riparks.com)

**APPLICATION FOR SPECIAL USE OR LARGE GROUP**

**You must save this application to your computer prior to filling in order to properly add information.**

\*Please indicate what property you are requesting:

**PARK**

- Beavertail
- Brenton Point
- Burlingame Picnic Area
- Blackstone Bike Path
- Colt
- East Bay Pike Path
- Fort Adams
- Fort Wetherill
- Goddard Memorial
- Haines Memorial
- Lincoln Woods
- Pulaski
- Rocky Point
- Rome Point
- Snake Den
- No Location Determined

**BEACH**

- Charlestown Breachway
- East Beach
- East Matunuck
- Misquamicut
- Roger Wheeler
- Salty Brine
- Scarborough North
- Scarborough South

**CAMPGROUND**

- Burlingame
- Charlestown Breachway
- East Beach
- Fisherman's Memorial
- George Washington

Date of Application:		Date of Requested Event: (*All requests MUST be made at least 30 days prior to event)	
Applicant Name:		Company/Organization:	
Street Address:			
City:		State:	Zip Code:
Mailing Address:			
City:		State:	Zip Code:
Email Address:		Phone:	Alternate Phone:
Person who will be in charge onsite:		Onsite Person Cell: Alternate Cell: Email:	

General Description of Proposed Event:

If this event is a request for Motion Picture, Filming or Television Production, was the Rhode Island Film & Television Office contacted by applicant?  Yes  No Date: \_\_\_\_\_

**If no, you must be permitted by this office along with our Division for any Motion Picture, Filming or Television Productions on state property. Go to <http://www.film.ri.gov/> or contact at 401-222-3456.**

Indicate if there is a **specific** location within property you are requesting or if you require additional space such as picnic pavilion or building (ex. Carousel-Goddard, Education/Conference Center-Lincoln Woods, Chapel-Colt, Gazebo-Colt, etc)

Set-Up Begins	Activity Begins	Activity Ends	Removal Completed
Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

If additional dates and times needed, enter here:

Number of Participants (Most Accurate Estimate/ See Note 3 of this application):	Number of Spectators (Most Accurate Estimate/ See Note 3 of this application):
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Number of Vehicles (Most Accurate Estimate/ See Note 3 of this application):

Cars:	Vans/Light Trucks:	Utility Vans/Trucks	Buses/Oversized Vehicles
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Who will be participating/attending this event (i.e. General Public, Employees, Students Including Age Range; Individuals with Accessibility Requirements):

Will you be setting up a tent for this event?  YES  NO

**If yes and the tent(s) is over 300 square feet, you will need to have a fire inspection and electrical inspection performed and provide the Division with copies of these inspections. To request an inspection, go to <https://rhodeisland.viewpointcloud.com/> and select LPG and Tent/Event Permits. For any questions, contact the Office of the State Fire Marshall at 401-889-5555. If inspections have not been performed by the start of the event, the Division will revoke the Special Use or Large Group Permit.**

Will there be music at your event?  YES  NO

If yes, please provide the music source (DJ, Band, Speaker System) and identify the business or organization providing music:

*Please be advised that all state and local ordinances must be adhered to with regards to noise.*

Will there be performers?  YES  NO

If yes, please provide the names of the performers/companies and the type(s) of performance(s):

Are you intending to use a Bouncy House, Rock Wall, Obstacle Course Equipment, Inflatables etc.?  YES  NO

Indicate the item(s) intended to be used:

*If yes, you must utilize a company that has additionally insured the State of Rhode Island, Department of Environmental Management. Contact [DEM.RIParks@dem.ri.gov](mailto:DEM.RIParks@dem.ri.gov) for a list of approved companies. Please be advised that zip-lines are **not** permitted on state property.*

Will any vendors be providing goods or services sale?  YES  NO

*If yes, please be advised that if any of these vendors will be offering goods for sale, this event will have to go to the State Properties Committee ( <http://www.statepropertiescommittee.ri.gov> ) after authorization by the Division of Parks & Recreation for a License Agreement. List all intended vendors along with the goods or services they intend to sell:*

Will any vendors be providing goods or services where no money is exchanged on site?  YES  NO

If yes, please indicate the intended vendors along with the goods or service they will be providing:

Does your event/group require Security, Traffic Control, EMT, Police, Fire?  YES  NO

*Please be advised that all events will be reviewed by this Division and RIDEM/ Division of Law Enforcement. This review may require you to have law enforcement and/or EMT details and additional park staff assigned to your event at your expense due to but not limited to the nature of the event, size of the event, location of event, time and date of the event. You will be advised on what you are required prior to this permit being approved.*

If your event requires these services or if these services have already been acquired by your organization, please indicate:

Will your event have any raffles, bingos, games of chance?  YES  NO

*All proceeds raised from these raffles, bingos, or games of chance must be considered donations to the charity. You must also apply for a Charitable Gaming License from the Rhode Island State Police. You can obtain information on this license and an application at <http://risp.ri.gov/cgu/index.php> or by contacting the RISP/Charitable Gaming Unit at (401)444-1147.*

If yes, please indicate the intended raffle, bingo or game of chance:

Will there be advertising for this event?  YES  NO

If yes, what types of advertising will be used:

*We reserve the right to post your event on our RIDEM Website, Facebook, Twitter, and we may require you to include our logo in all publicity.*

**NOTE 1:** The Department, in its sole discretion, will determine suitability of a proposed event requested and deny an application. Reasons for a denial can be based on, but not limited, to the following reasons:

- An event threatens the integrity of the property and/or its natural resources or does not comply with federal, state, or municipal laws or regulations.
- The size or nature of the event is not appropriate for the location requested.
- The date and time of the event requested is not appropriate for the property or conflicts with other events or public use.
- The nature of the event or the activities requested have been determined to have a potential detriment to public health and safety.
- The Division does not have sufficient staff to oversee and manage the event.
- The application was submitted less than 30 days prior to the event.

**NOTE 2:** You are responsible for returning the location back to its prior condition. You are responsible for removal and disposal of trash unless with prior approval from Division. You will be billed for any damage done to the property.

**NOTE 3:** In the case that an event exceeds estimates in participants, spectators, and vehicles to the point where the Division becomes concerned for the safety of its staff, the public, and the participants/spectators of the event, the Division will assign contact the DEM/Division of Law Enforcement and/or local police to assist in maintaining safety and security. This cost will be at the expense of the applicant organization/group. It is crucial that applicants relay accurate participant/spectator/ vehicle estimates to the Division and provide updates as the event date approaches. This will ensure appropriate staff and security is in place.

**NOTE 4:** All events will be reviewed and assessed for the need for Liability Insurance. If your event has been required to have such coverage, the following will apply:

- Insurance must cover the duration of the event and be presented **TWO WEEKS PRIOR** for final event approval.
- Insurance amounts/limits will be determined based the level of risk assessed for the event and/or activity.
- The insurance certificate must indicate that the State of Rhode Island, Department of Environmental Management, 235 Promenade Street, Providence, RI, 02908 is listed as “ADDITIONALLY INSURED” and “SUBROGATION MUST BE WAIVED”. The endorsement(s) for both **MUST** be presented with the Certificate of Liability Insurance (COI).  
*\*COI & Endorsement sample pages attached.*

**NOTE 5:** All Rules & Regulations of the Division of Parks & Recreation must be adhered to. You can obtain a copy of these regulations at <https://rules.sos.ri.gov/regulations/part/250-100-00-1>

**After completion of this portion of the application, please email to [DEM.RIparcs@dem.ri.gov](mailto:DEM.RIparcs@dem.ri.gov).**

**You will be contacted by Division once the application is received.**

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**STOP -OFFICE USE ONLY -DO NOT FILL INFORMATION PAST THIS POINT UNLESS INSTRUCTED:**

Check if Insurance will be required

Indicate Insurance Requirements:

Check if Law Enforcement detail(s) will be required.

Indicate Number of Officers/ Times/ Duties:

- Check if additional staff will be required. Indicate the number of staff along with the time(s) and date(s) required and duties.

Indicate Number of Staff/Times/Duties:

- Check here if additional conditions or requirements have been set forth by the Division and list (i.e. EMT/Medical; local police details; permission from other state or local agencies, port-a- johns etc.)

Additional Conditions Required:

- Check here if special waivers or releases are needed.

Indicate Waiver Required:

- Check here if this request is for Motion Picture, Filming or Television Production.

Date Division Submitted Our Approved Permit to RI Film & Television: Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Date Division Received Copy of RI Film & Television Permit: Date: \_\_\_\_\_

Initials: \_\_\_\_\_

- Check if this event requires a License Agreement through the State Properties Committee. <http://www.statepropertiescommittee.ri.gov/> and indicate why this event is being referred for license agreement.

Reason:

- Check if this event will not be approved and indicate the reason.

Reason:

**Conditions Accepted by Applicant (Please type First, Middle Initial, Last Name):**

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information in this document.

**Division Conditional Approval:**

\_\_\_\_\_ Signature of Regional Park Manager \_\_\_\_\_ Date

**Division Final Approval:**

\_\_\_\_\_ Signature of Division Chief or Designee \_\_\_\_\_ Date

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For Division Headquarters Use/ Only If Applicable:

- Division Staff Reimbursement Invoices Received By RMs
- Division of Management Service Invoice Issued To Permittee
- Post Event Evaluation Completed     Damage Invoice Sent/If Applicable     Damages Payment Made
- Post Event Survey Emailed         Survey Returned

Additional Notes: