

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF PARKS AND RECREATION**

APPLICATION FOR SPECIAL USE ACTIVITIES

DATE OF APPLICATION: _____

1. NAME OF APPLICANT: _____

2. ORGANIZATION: _____

3. ADDRESS: _____

4. TELEPHONE NUMBER: [____] _____

5. NAME OF THE PARK, BEACH OR CAMPGROUND THAT YOU ARE REQUESTING USE:

THE AREA WITHIN THE PARK THAT YOU ARE REQUESTING USE

6. DATE(S) REQUESTED: _____

7. TIME(S) REQUESTED: _____

8. NATURE OF EVENT:

9. WHO WILL PARTICIPATE IN THE USE OF THIS FACILITY:

10. INDICATE NUMBER OF PEOPLE: _____

11. LIST ANY PERFORMERS: _____

12. ORGANIZATION MEMBERS: _____

13. GENERAL PUBLIC: _____

14. WILL PARTICIPANTS OBTAIN ACCESS BY:

- CAR (ESTIMATE NUMBER)- _____
- BUS (ESTIMATE NUMBER OF PASSENGERS)- _____
- BOAT (ESTIMATE NUMBER OF PASSENGERS)- _____
- OTHER [DESCRIBE] - _____

15. DESCRIBE IN DETAIL ANY SPECIAL SERVICES REQUESTED:

16. WILL THERE BE ANY ADVERTISING USED? _____ IF YES, WHAT TYPE?

17. WOULD YOU LIKE THE EVENT TO BE ADVERTISED ON OUR WEBSITE? _____

18. LIST ACTIVITIES WHICH WILL TAKE PLACE:

19. WILL LIVE MUSIC BE USED? _____

20. WILL FOOD OR DRINK BE SUPPLIED BY A COMMERCIAL VENDOR? _____

21. IS ADDITIONAL FIRST AID NEEDED? _____

22. IS EXTRA SECURITY OR TRAFFIC CONTROL NEEDED? (*REQUESTS FOR SECURITY MUST BE MADE THROUGH THE REGIONAL PARK MANAGER.*) _____

DO NOT WRITE IN THE SPACE BELOW

ALL TRASH AND LITTER MUST BE PICKED UP BEFORE LEAVING THE AREA FOR THE DAY.

ALL TABLES MUST BE RETURNED TO THEIR ORIGINAL POSITIONS.

ALL RULES AND REGULATIONS OF THE DIVISION OF PARKS AND RECREATION MUST BE ADHERED TO.

IF A REPLY IS REQUIRED, PLEASE ENCLOSE A SELF-ADDRESSED-STAMPED ENVELOPE.

ALL REQUESTS SHOULD BE MADE AT LEAST 30 DAYS IN ADVANCE TO ALLOW FOR PROCESSING OF REQUESTS.

INSURANCE AND A LICENSE AGREEMENT MAY BE REQUIRED.

CONDITIONS ACCEPTED

AUTHORIZED REPRESENTATIVE

APPROVED/NOT APPROVED BY PARK MANAGER

_____ DATE: _____

APPROVED/NOT APPROVED BY DIVISION CHIEF

_____ DATE: _____

PRINT AND COMPLETELY FILL OUT THE ABOVE APPLICATION. MAIL TO:
RHODE ISLAND STATE PARKS,
1100 TOWER HILL ROAD, NORTH KINGSTOWN, RI 02852.

IF THERE ARE ANY QUESTIONS ABOUT THIS APPLICATION, PLEASE CALL THIS OFFICE AT: 401-667-6200 OR EMAIL TO: dem.riparks@dem.ri.gov OR CALL THE PARK WHERE THE EVENT IS TO TAKE PLACE.