



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

APPLICATION FOR SPECIAL USE PERMIT

Note: You must download and save this application to your computer to properly complete this form. Please use Adobe Reader DC or Adobe Acrobat to edit, as some browsers will not let you accurately complete and save this form.

Applicant Information

Name: Company/Organization:
Address: Phone: Alternate:
City, State, ZIP Code: Email:
Person in charge onsite: Onsite Person Phone:
Onsite Person Email:

Event Information

What property or properties are you requesting?
Event Name: Event Date:
Description of Proposed Event:

Please indicate if there is a specific location within the property that you are requesting, or if you require additional space such as a picnic pavillion or building:

Table with 4 columns: Set-Up Begins, Activity Begins, Activity Ends, Removal Completed. Each column contains Date and Time fields with AM/PM checkboxes.

If additional dates and times needed, enter here:

Please estimate the following:

# of Participants Expected:
# of Spectators Expected:

Number of Vehicles:

Cars: Utility Vans/Trucks:
Vans/Light Trucks: Buses/Oversized Vehicles:

Who will attend/participate in this event (i.e. General Public, Employees, Students (including age range), Individuals with Accessibility Requirements)?

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

- *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.*

Will you set up a tent for this event?.....  Yes  No

- *Tent(s) over approximately 20 x 15 ft<sup>2</sup> require a fire and electrical inspection. To request an inspection, visit <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. Please submit a copy of the inspection to DEM. 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): \_\_\_\_\_

Do you plan to use a Bouncy House, Rock Wall, Obstacle Course Equipment, Inflatables etc.? .....  Yes  No

- If yes, please indicate the item(s) intended to be used: \_\_\_\_\_
- *You must use a company pre-approved by DEM. Contact [DEM.RIParks@dem.ri.gov](mailto:DEM.RIParks@dem.ri.gov) for a list of approved companies. Zip-lines are **not** permitted on state property.*

Will any vendor provide goods or services for sale? .....  Yes  No

- If yes, please list all intended vendors along with the goods or services they intend to provide and whether or not money will be exchanged on site:

Vendor Name	Intended Goods/Services	Will money be exchanged?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

- *If yes, your event will require a License Agreement and State Properties Committee approval (<http://www.statepropertiescommittee.ri.gov>) if authorized by the Division of Parks & Recreation.*

Does your event/group require Security, Traffic Control, EMT, Police, Fire? .....  Yes  No

- If yes, please indicate the services your event requires: \_\_\_\_\_
- *RIDEM may require law enforcement, EMT details, and/or additional park staff assigned to your event at your expense depending on the nature, size, location, time, and/or date of the event. You will be notified in advance of these requirements prior to this permit being approved.*

Will the event include raffles, bingos, games of chance? .....  Yes  No

- If yes, please indicate the intended raffle, bingo, or game of chance: \_\_\_\_\_
- *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.*

Will there be advertising for this event? .....  Yes  No

- If yes, please list the types of advertising that 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.*



# STOP



After completion of this portion of the application (pages 1 and 2),  
please email to: [DEM.RI\\_parks@dem.ri.gov](mailto:DEM.RI_parks@dem.ri.gov)

You will be contacted by the Division once the application is received.  
If approved, the Division will complete pages 3 and 4 of this document and return them to you.  
Your final signature will then be required on page 5, indicating your agreement to abide by the terms and conditions of this permit.

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## FOR OFFICE USE ONLY – DO NOT FILL INFORMATION PAST THIS POINT UNLESS INSTRUCTED

Fee: \$ \_\_\_\_\_

Check if insurance will be required.

Insurance Amounts:	
Commercial General Liability Insurance:	Per Occurrence: \$ _____ Aggregate: \$ _____
Other Insurance Requirements: _____	
If your event is required to have liability insurance:	
<ol style="list-style-type: none"> <li>1. Insurance must cover the duration of the event and be presented <b>TWO WEEKS PRIOR</b> to the event.</li> <li>2. 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 ON A PRIMARY AND NON-CONTRIBUTARY BASIS" and "SUBROGATION MUST BE WAIVED." The endorsement(s) for both <b>MUST</b> be indicated clearly on the Certificate of Insurance. (COI)</li> <li>3. Policy to include Business Automobile Liability bodily injury &amp; property damage for owned, hired, and/or non-owned vehicles with combined single limit of \$1,000,000.00</li> </ol>	

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

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.

Number of Staff/Times/Duties:

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

List any additional conditions:

Check here if adult supervision waiver is required for participants under the age of 18

<i>I agree to provide adequate and appropriate adult supervision for the amount of participants in this group who are under the age of eighteen (18). I further agree that I will ensure the proper use of this facility as well as ensuring the safety and the right to quiet enjoyment of other users and the public in general. Failure to ensure the above, will result in revocation of permit and denial of any future permitting.</i>
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- Check here if any additional waivers or releases are required

Indicate any required waivers/release:

- 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 the reason.

Reason:

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:

**Conditions and Requirements**

1. 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.
2. In the case that an event exceeds estimates in participants, spectators, or 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 contact the DEM/Division of Law Enforcements and/or local police to assist in maintaining safety and security. This cost will be at the expense of the applicant organization. It is crucial that applicants relay accurate participant/spectator/vehicle estimates to the Division and provide updates as the event date approaches.
3. All Rules and 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>
4. Applicant agrees that the applicant shall, at all times, defend, protect and save, hold harmless and indemnify the Division of Parks and Recreation, its agents, servants, and employees against and from: (a) any penalty, damages or charges, including attorneys' fees for any violation of any law or ordinance whether occasioned by negligence or willful act of the applicant or of the applicant's agents, employees, servants, invitees or visitors; (b) all claims, including bodily injury and death, loss, costs, damage or expenses, including attorneys' fees, arising out of or from any accident, incident or occurrence in any way connected to the use in, on or about the Premises by the applicant or by the applicant's agents, employees, servants, invitees, or visitors; (c) all claims, including bodily injury and death, loss, costs, damage, or expenses, including attorneys' fees, arising out of or from any failure of the applicant in any respect to comply with and perform all the requirements and provisions of this permit.
5. The Licensee hereby acknowledges and agrees that its intended use of the Licensed Premises is for recreational purposes as set forth in R.I. Gen. Laws § 32-6-2 and as such use of the Licensed Premises is subject to the conditions set forth in R.I. Gen. Laws § 32-6-1, et seq. The Licensor does not extend any assurance that the Licenses Premises are safe for any purpose; confer upon Licensee, or its agents, employees, servants, invitees or visitors, the legal status of an invitee or licensee to whom a duty of care is owed; assume any responsibility for or incur liability for any injury to Licensee, or its agents, employees, servants, invitees or visitors or their property caused by an act of omission of said State or Licensor.

**Conditions Accepted by Applicant:**

\_\_\_\_\_ Applicant (**Type First, Middle Initial, Last Name**) \_\_\_\_\_ Date

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

**Division Conditional Approval:**

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

**Division Final Approval:**

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