

Joseph G. Pinto
Commissioner



Town of Oyster Bay
Department of Parks

SHOWMOBILE PERMIT APPLICATION

Facility Name: _____ Exact Location within Facility: _____

EQUIPMENT TYPE	REQUESTED QUANTITY	RENTAL RATE (per piece of equipment)	DELIVERY AND SET-UP	DATES/TIMES REQUESTED
SHOWMOBILE		\$175 for the first day \$100 each additional day	\$75 per event fee	
PORTABLE LIGHTS (available only for special events using Town Showmobile)		\$50 per light, per day	\$50 per event fee	

- **NO CHECKS SHOULD BE MAILED AT THIS TIME.** If application is approved, you will receive a written invoice. At that time, a check may be sent in, made out to the "Town of Oyster Bay" and the permit will be issued.
- **PROOF OF INSURANCE** (with "Town of Oyster Bay" listed as "Additional Insured") must be provided.
- **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT (516) 797-4156.**

CHECK IF THIS IS A CHARITY EVENT (you will be contacted to discuss further and to provide additional paperwork)

Applicant's Name:		
Requesting Organization:		
Requesting Organization's Address:		
City:	State:	Is your organization located within the Town of Oyster Bay?: <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone:	Cell Phone:	E-mail:

The APPLICANT understands and acknowledges that the information provided in the application is true and accurate, and that the Town of Oyster Bay and the Department of Parks are relying on these statements and representations as a basis for the issuance of a permit. The APPLICANT agrees to abide by the terms set forth in this application, and the Rules and Regulations of the Town of Oyster Bay and the Department of Parks. Any violation of the rules herein will result in the permit being revoked and the forfeiture of all money received.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY:

APPROVED APPROVED/DENIED BY: _____

DENIED DATE: _____

HOLD - SPECIAL EVENT AMOUNT PAID: _____

CHECK #: _____

DELIVERY DATE/TIME
RECOVERY DATE/TIME