



Joseph G. Pinto  
Commissioner

Greg Skupinsky  
Deputy Commissioner

**Town of Oyster Bay**  
Department of Parks  
977 Hicksville Road  
Massapequa, NY 11758  
(516) 797-4128 fax: (516) 797-4145  
www.oysterbaytown.com

TOWN OF OYSTER BAY  
DEPARTMENT OF PARKS AND RECREATION  
***SPECIAL EVENTS PERMIT APPLICATION (Page 1 of 2)***

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_

Applicant Contact Cell Phone: \_\_\_\_\_

Applicant Contact Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip Code: \_\_\_\_\_

**EVENT INFORMATION:** (Check one box below)

Special Event Use

Distribution of Literature at a Special Event

**\_\_\_\_ (Initial) SELLING OF MERCHANDISE OR SOLICITATION OF CONTRIBUTIONS IS PROHIBITED AS PER TOWN CODE 168.20 AND 168.24**

Type of Event: \_\_\_\_\_

Date \_\_\_\_\_

Rain Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Location (within facility): \_\_\_\_\_

Start Location: \_\_\_\_\_ Ending Location: \_\_\_\_\_  
(if appropriate)

Route through Park: \_\_\_\_\_

Approx. Number of Participants: \_\_\_\_\_ Number of Spectators: \_\_\_\_\_

Set Up Begins: \_\_\_\_\_ Clean Up Ends: \_\_\_\_\_

Time Event Begins: \_\_\_\_\_ Ending Time: \_\_\_\_\_

\*Will participants or spectators be charged? YES/NO. If so how much? \_\_\_\_\_

\*Will there be vendors at the event? YES/NO. If so, what is the vendor permit fee? \_\_\_\_\_

\*Will there be merchandise available for sale? YES/NO If yes please provide a list of items and prices.

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Describe in detail activities planned. List all items to be distributed. (Sale or distribution of food, products, promotional material, speeches, ceremonies, etc).

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Will the event be advertised? YES/NO If so describe advertising plan including dates and media outlets \_\_\_\_\_

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Will any pamphlets, handbills or advertising matter of any kind be distributed at the event?

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Do you plan to drive vehicles onto Parkland (vehicle permits are required as per section 2-08) YES / NO

Will you need water connection? YES / NO

Will you need electrical connection? YES / NO

Have you made any provision for on-site medical service? YES / NO

Do you have insurance? \_\_\_\_ If so, with whom? \_\_\_\_\_

Do you plan to have amplified sound at your event? YES / NO

Permit applicant acknowledges that any violation of the Town of Oyster Bay Department of Parks rules, regulations, policies, and directives of Town employees regarding the terms and conditions of any permit issued shall result in the immediate removal of the offending individual(s) from the park or facility, for violation of New York State Penal Law section 140.05 Trespass, in addition to any other penalty or penalties provided by law.

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I agree to abide by the terms set forth on the application, and the Rules and Regulations of the Town of Oyster Bay Department of Parks & Recreation. I understand that failure to do so may lead to the cancellation of the event, the denial of future permit applications, or other legal action by the Department.

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

Print Name \_\_\_\_\_

***This form is NOT a Permit***

All checks made out to "Town of Oyster Bay". If paying by credit card, your statement will read "SPECIAL EVENTS".

Please return to Town of Oyster Bay,  
Department of Parks  
977 Hicksville Road  
Massapequa, New York 11758  
ATTENTION: JEANNE GATTO

Or  
Email: [jgatto@oysterbay-ny.gov](mailto:jgatto@oysterbay-ny.gov)