

Joseph G. Pinto
Commissioner



Greg Skupinsky
Deputy Commissioner

Frank Gatto
Deputy Commissioner

**Town of Oyster Bay
Department of Parks**

977 Hicksville Road
Massapequa, New York 11758
(516) 797-4128 Fax: (516) 797-4125
www.oysterbaytown.com

EQUIPMENT PERMIT APPLICATION

Name of Event: _____

Location of Event: _____

Exact Location where Equipment should be delivered: _____

Delivery Date and Time: _____ Pick-Up Date and Time: _____

Day of Event Contact Person & Cell Phone Number: _____

Actual Event Dates and Times (as advertised to public): _____

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

- 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"), along with ENDORSEMENT PAGE, must be provided.
- IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT (516) 797-4156.

Applicant's Name: _____

Requesting Organization: _____ Is your organization located within the Town of Oyster Bay?
 YES NO

Organization's Mailing Address: _____
Street _____ P.O. Box _____
City _____ State _____ Zip Code _____

Applicant's Contact Information: _____
Home Phone _____ Cell Phone _____ E-mail Address _____

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 BY _____
- DENIED BY _____
- HOLD (Special Event)

Amount Paid: _____
Date: _____
Check #: _____

DELIVERY DATE/TIME
RECOVERY DATE/TIME