



Special Event Application

PERMIT:

Liberty State Park

200 Morris Pesin Drive, Jersey City, NJ 07305
201-915-3402, Ext. 104 Fax: 201-915-3408
Philip.Arrigo@dep.nj.gov

Please complete the following application and return it with the nonrefundable application fee to the Park office. The Park accepts Visa, MasterCard, Discover and American Express. All checks must be made payable to "Treasurer, State of NJ". If you have any questions pertaining to the application, please contact our office for assistance. An event is not approved until a final permit is issued and signed by all parties.

Application Fee: (Please check the box that applies) A copy of your NJ Business Registration or evidence of non-profit status must be attached.

New Jersey Commercial \$150.00 Out-of-State Commercial \$200.00
New Jersey Non-Commercial \$60.00 Out-of-State Non-Commercial \$75.00

APPLICANT NAME: _____

COMPANY / ORGANIZATION: _____ CLIENT NAME: _____

NAME / TYPE OF EVENT: _____ PROPOSED LOCATION OF EVENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL: _____

In the space below, provide a written description of your event and describe any special needs that you may have; attach separate page(s) if necessary.

LIST PREFERRED DATE(S) AND TIME(S) OF EVENT (Park will confirm date based on availability)

1. _____ 2. _____ 3. _____

ESTIMATED ATTENDANCE: _____ ESTIMATED VEHICLES: _____

ARE YOU FAMILIAR WITH THE SITE REQUESTED? Yes No

WILL THERE BE AN ADMISSION FEE FOR THE EVENT? Yes No

WILL YOU HAVE A PRODUCTION / SPECIAL EVENT COMPANY? Yes No

DOES YOUR SPECIAL EVENT INCLUDE PHOTOGRAPHY? Yes No

DOES YOUR EVENT INCLUDE A BOAT DOCKING? Yes No

NAME OF BOAT: _____ LENGTH: _____ DRAFT: _____

The applicant by his or her signature certifies that: 1. All the information given is correct. Giving false information will result in the denial or revocation of a permit. 2. All rules and regulations governing the use of Liberty State Park are understood and will be fully complied with by the applicant. 3. That the applicant, while using the facilities made available by the State of New Jersey, will not discriminate on the basis of race, color, religion, sex, national origin, age or disability. 4. Applicant is aware that information provided on this application may be subject to review and inspection under the Open Public Records Act (N.J.S.A 47:1A-

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION, DIVISION OF PARKS AND FORESTRY

