**Application for Special Use Permit**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** five (5) business days for processing (2 business days for First Amendment requests). A non-refundable processing fee will be required to fully process this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability insurance naming the United States of America as also insured.

**Enter either a social security number OR a tax ID number: we do not require both.**

|  |  |
| --- | --- |
| Applicant Name: | Organization Name: |
| Social Security #: | Tax ID #: |
| Street/Address: | Street/Address: |
| City/State/Zip Code: | City/State/Zip Code: |
| Telephone #: | Telephone #: |
| Cell phone #: | Cell phone #: |
| Fax #: | Fax #: |
| E-mail: | E-mail: |
|  |

Indicate if group is a:  [ ]  **Band**  [ ]  **Choir** [ ]  **Reenlistment** [ ]  **Ceremony** [ ]  **Other**

Description of Proposed Activity: (attach diagram, attach additional pages if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Requested Location: [ ] Liberty Island Flag Pole [ ]  Ellis Island Wall of Honor

Departure Location: [ ] Battery Park, NY [ ]  Liberty State Park, NJ

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate plans in case of bad weather: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Event set-up will begin:(date and time) | Event will begin:(date and time) | Event will end:(date and time) | Removal will be done:(date and time) |
|  |  |  |  |

Maximum Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide best estimate)

Maximum Number of Vehicles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach parking plan)

Press Coverage Expected: [ ] Yes [ ] No VIPs Expected: [ ] Yes [ ] No

List Support Equipment (include all equipment; attach additional pages if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Support Personnel (contractors, etc. including addresses and phone numbers; attach additional pages if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual in charge of event on-site: (include address, telephone and cell phone numbers)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this an exercise of First Amendment Rights? [ ] Yes [ ] No

Are you familiar with/ have you visited the requested area? [ ] Yes [ ] No

Have your obtained a permit from the National Park Service in the past? [ ] Yes [ ] No

 (If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? [ ] Yes [ ] No

Will you distribute printed material? [ ] Yes [ ] No

Is there any reason to believe there will be attempts to disrupt, protest,

 or prevent your event? (If yes, please explain on a separate page.) [ ] Yes [ ] No

Do you intend to solicit donations or offer items for sale? [ ] Yes [ ] No

 (These activities may require an additional permit.)

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information provided will be used to determine whether a permit will be issued. Payments can be made through Pay.gov (search for “Statue”; find “Statue of Liberty NM-Ellis Island Special Use Permit Fees”; click on “Continue to the Form.” Accepted payment methods include Bank Account (ACH), PayPal Account, Dwolla Account, and Debit or Credit Card. Application Fee ($50.00) and administrative charges (TBD) are non-refundable. This completed application should be emailed to paula\_rosa@nps.gov, faxed to 646-356-2209, or mailed to the National Park Service, Statue of Liberty NM, Liberty Island, New York, NY 10004 Attn: Paula Rosa.

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2465), Washington, D.C. 20240