



IN REPLY REFER TO:

## United States Department of the Interior

NATIONAL PARK SERVICE  
Manhattan Sites  
26 Wall Street  
New York, NY 10005

African Burial Ground N.M.  
Castle Clinton N.M.  
Federal Hall N.M.  
General Grant N.M.  
Governors Island N.M.  
Hamilton Grange N.M.  
Theodore Roosevelt  
Birthplace N.H.S.  
St. Paul's  
Church N.H.S.  
Stonewall N.M.

**National Park Service  
Manhattan Sites  
Special Park Use Program  
Permit Instructions and Requirements**

If you have any questions about an event or activity, please email  
[masi\\_special\\_park\\_use@nps.gov](mailto:masi_special_park_use@nps.gov).

## Application Process

We recommend that you visit the park before submitting your application. Applications are reviewed as a **request** and do not guarantee **approval**. For park management to consider a request, an application form with processing fee must be submitted to the office **no later than 10 business days prior to the date of your requested activity**. Your permit application will be reviewed by management and a park representative will contact you regarding park management's decision.

## Step 1: Submit appropriate application form & fee, if applicable.

A detailed, signed application form with a \$50.00 non-refundable application processing fee must be submitted to the park to begin a review of a Special Park Use activity. (*First Amendment activity requests do not require an application fee; all other applications do*).

Please download and fill out the [NPS Form 10-930 \(exhibit B\)](#) for Special Park Use activities. For filming, still photography, and audio recording activities please fill out [NPS form 10-932 \(exhibit C\)](#). [NPS form 10-934 \(exhibit D\)](#) is required for First Amendment activities.

**Note: a complete application form includes the following:**

1. Appropriate application form with event & equipment details
2. Floor plan with layout of event
3. Complete run of show, including arrival, event set up, event runtime, and breakdown/wrap.

The permit application must be emailed to [masi\\_special\\_park\\_use@nps.gov](mailto:masi_special_park_use@nps.gov) or sent by mail to:

**National Park Service  
c/o Special Park Use Program  
26 Wall Street  
New York, New York 10005**

## Application fee payment:

Payment can be made via check, money order, or paid online with credit card.

- Checks and money orders can be made out to the **National Park Service** and sent to the above address.
- The permit coordinator will send further instructions if paying with credit card online.

## Step 2: Park review & walk through.

After applying, the park will begin reviewing the request. If the application is approved to move forward park staff will plan a site walk through with the applicant and their technical team, to ensure all specific requests are addressed, and included in the permit.

## Step 3: Insurance:

If your permit application is approved, a Certificate of Liability Insurance (COI) from an *Insurance Company located within the United States* must be submitted to the park prior to the executed permit being released to the permittee. Please refer to specifics below and [Exhibit A: insurance for sample](#).

- A Certificate of Liability Insurance (COI) is required in the amount of one million (\$1,000,000) dollars per occurrence and two million (\$2,000,000) dollars aggregate.
- The United States of America must be listed as an additional insured and shows an endorsement signature of insured insurance company with the following: On the certificate of liability insurance (COI), please list the following information in the appropriate boxes on the form.
- **In the Description of Operations box, please list:**
  - a. A description of event or photo shoot.
  - b. All dates requested.
  - c. The National Park location (name of the site) where the event or photo shoot will take place
  - d. An endorsement from the permittee's insurance company stating that Liability Insurance policy is in effect
- **In the Certificate Holder Box, please list the following as additionally insured:**  
United States of America  
National Park Service  
1849 C Street NW  
Washington, D.C 20240

## Step 4: Cost Recovery

Special Park Use activities, and certain filming, photography, and audio recording activities will be subject to Cost recovery. This includes any cost associated with the proposed activity (administration, monitoring, electricity use, etc.) and, if applicable, [a location fee](#). All cost recovery can be paid via check, money order, or paid online with credit card in the same manner as described in step 1, application fee.

## Step 5: Permit review & signature:

After the park has received all necessary paperwork and payments and conducted a site walk through, the park will draft up a permit and send it to the permittee for review & signature. Once the permittee signs the draft permit, they need to send it back to the park. After the park representative signs the permit, a final, executed permit will be emailed to the permittee, which they will need to have on their person on the date of the event.

If you have further questions, please email **[masi\\_special\\_park\\_use@nps.gov](mailto:masi_special_park_use@nps.gov)**

## Exhibit A: Insurance sample.

Coverage:  
\$1M per  
occurrence  
and \$2M  
per  
Aggregate

## Exhibit B: 10-930 application form

NPS Form 10-930 (Rev. 07/2024)  
National Park Service



## APPLICATION FOR SPECIAL USE PERMIT

Federal Hall National Memorial  
26 Wall St.  
New York, NY 10005  
masi\_special\_park\_use@nps.gov, 646-476-0882

OMB Control No. 1024-0026  
Expiration Date 07/31/2027



Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A non-refundable application fee of \$50 must accompany this application. You must allow sufficient time for the Park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

\* Enter either a Social Security Number OR a tax ID number; we do not require both.

Applicant Information	Company/Organization Information
Applicant Name:	Company/Organization Name:
Social Security Number*:	Tax Identification Number*:
Street Address:	Street Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Country:	Country:
Telephone Number:	Telephone Number:
Cell Phone Number:	Contact Name:
Fax Number:	Fax Number:
Email Address:	Email Address:

### Activity Details

Description of Proposed Activity (attach diagram and/or additional pages, if necessary)	

# Exhibit C: 10-932 application form (filming, photography, audio recording)

NPS Form 10-932 (Rev. 07/2024)  
National Park Service

OMB Control No. 1024-0026  
Expiration Date 07/31/2027



## APPLICATION FOR SPECIAL USE PERMIT FILMING, STILL PHOTOGRAPHY, AND AUDIO RECORDING (Long Form)



African Burial Ground National Monument  
26 Wall St.  
New York, NY 10005  
masi\_special\_park\_use@nps.gov, 646-476-0882

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A non-refundable application fee of **\$50.00** must accompany this application. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of location fees, cost recovery charges, and proof of liability insurance naming the United States of America an additional insured. Applications may not be submitted more than one year before the proposed activity including time required for set up.

\* Enter either a Social Security Number OR a tax ID number; we do not require both.

Applicant Information		Company/Organization Information	
Applicant Name:		Company/Organization Name:	
Social Security Number*:		Tax Identification Number*:	
Street Address:		Street Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Country:		Country:	
Telephone Number:		Telephone Number:	
Cell Phone Number:		Contact Name:	
Fax Number:		Fax Number:	
Email Address:		Email Address:	

### Project Information

Project Name	
Location Manager	
Telephone	
Cell	
Email Address	
Type of Project	<input type="checkbox"/> Still Photography <input type="checkbox"/> Filming <input type="checkbox"/> Audio Recording

# Exhibit D: 10-934 application form (First Amendment activities)

NPS Form 10-934 (New Form 2023)  
National Park Service

OMB Control No. 1024-0026  
Expiration Date 07/31/2027



## APPLICATION FOR SPECIAL USE PERMIT DEMONSTRATIONS AND DISTRIBUTION OF MATERIALS

African Burial Ground National Monument  
26 Wall St.  
New York, NY 10005  
masi\_special\_park\_use@nps.gov, 646-476-0882



Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** This application is only for those First Amendment activities regulated under 36 C.F.R. § 2.51 and 36 C.F.R. § 2.52; there are no fees or insurance required with this application. The National Park Service has up to 10 calendar days to respond to a complete application; allow sufficient time for the park to process your request. Applications may not be submitted more than one year before the proposed activity including time required for set up. You will be notified of the status of the application and the necessary steps to secure your final permit.

Applicant Information	Company/Organization Information
Applicant Name: <input type="text"/>	Company/Organization Name: <input type="text"/>
Street Address: <input type="text"/>	Street Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	State: <input type="text"/>
Zip Code: <input type="text"/>	Zip Code: <input type="text"/>
Country: <input type="text"/>	Country: <input type="text"/>
Telephone Number: <input type="text"/>	Telephone Number: <input type="text"/>
Cell Phone Number: <input type="text"/>	Contact Name: <input type="text"/>
Fax Number: <input type="text"/>	Fax Number: <input type="text"/>
Email Address: <input type="text"/>	Email Address: <input type="text"/>

### Activity Details

Description of Proposed Activity (attach diagram and/or additional pages, if necessary)
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