

Special Event Application

PERMIT:

Liberty State Park
200 Morris Pesin Drive, Jersey City, NJ 07305
201-915-3400, Ext. 104 Fax: 201-915-3408 Philip.Arrigo@dep.ni.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: (Ple	ase check the box that applies) A	copy of your N	J Business Registration or evide	nce of non-profit	status must be attached.
	New Jersey Commercial New Jersey Non-Commercial	\$150.00 \square \$60.00 \square	Out-of-State Commercial Out-of-State Non-Commercial	\$200.00 \(\square\) \(\square\) \(\square\)	
APPLICANT NAME:			CLIENT NAME:		
COMPANY / ORGANIZA	TION:		WEBSITE:		
NAME/TYPE OF EVENT	:		PROPOSED LOCATION OF EV	ENT:	
ADDRESS:	(CITY:	STATE:	Z	P:
PHONE:	CE	ELL:	FAX:		
EMAIL					
	please provide a detailed descr				
	E(S) AND TIME(S) OF EVENT (Par 2				
ESTIMATED ATTENDAN	ICE:	ESTIMATED			
	TH THE SITE REQUESTED?		Yes		
	IISSION FEE FOR THE EVENT?		Yes		
	DUCTION / SPECIAL EVENT COM		Yes		
	VENT INCLUDE PHOTOGRAPHY	?	Yes		
DOES YOUR EVENT IN	CLUDE A BOAT DOCKING?		Yes	□ No □	
NAME OF BOAT:	LENGTH:		DRAFT:		
permit. 2. All rules and reg while using the facilities ma	er signature certifies that: 1. All the pulations governing the use of Libe ade available by the State of New conformation provided on this application.	rty State Park ard Jersey, will not di	e understood and will be fully com scriminate on the basis of race, co	plied with by the blor, religion, sex,	applicant. 3. That the applicant, national origin, age or disability.
NAME OF APPLICANT:					
SIGNATURE OF APPLICA	NT:		DATE:		



