



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**Bureau of Natural Resources
235 Promenade Street
Providence, RI 02908**

**Phone: 401.222.2445
Fax: 401.222.2444**

APPLICATION FOR SPECIAL USE PERMIT

Please Check One

Special Event Permit
75-150 *Participants

Special Use Permit
10-75 *Participants

***Participants include total number of persons who are expected to be in attendance, including support staff and spectators.**

Department of Environmental Management Rules and Regulations (250-RICR-100-00-1)

*Special Event permits are required for any group of 75 participants or more and shall not exceed a total of 150 participants. No more than four (4) Special Event Permits shall be issued during the period designated in § 1.30(A)(2) of this Part.

ALL REQUESTS MUST BE MADE AT LEAST 30 DAYS PRIOR TO EVENT

Applicant Information

Name: _____ Company/Organization: _____
 Address: _____ Phone: _____ Alternate: _____
 City, State, ZIP Code: _____ Email: _____
 Person in charge onsite: _____ Onsite Person Phone: _____
 Onsite Person Email: _____

Event Information

What property or properties are you requesting? _____
 Event Name: _____ Event Date: _____
 Description of Proposed Event: _____

Please include a map(s) and indicate if there is a specific location or route within the property that you are requesting, of if you require additional space such as a picnic pavilion or building.

I have attached a map(s) highlighting the requested area and routes
 Do you require additional sheltered space? Yes No If yes, please indicate shelter desired _____

*Activity Begins		*Activity Ends	
Date:		Date:	
Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

* Includes set up and break down time

Please estimate the following:

Number of Vehicles:

of Participants Expected: _____
of Spectators Expected: _____

Cars: _____
Vans/Light Trucks: _____

Utility Vans/Trucks: _____
Buses/Oversized Vehicles: _____

Who will attend/participate in this event (i.e. General Public, Employees, Students (including age range), Individuals with Accessibility Requirements)? _____

Based on attendance levels indicated on this application, Law Enforcement and/or DEM staff may be required.

ALCOHOL IS PROHIBITED ON STATE PROPERTY

If this event is a request for a Motion Picture, Filming or Television Production, was the Rhode Island Film & Television Office contacted by applicant?..... Yes Date: _____ No N/A

➤ *If no, you must be permitted by this office along with our Department for any Motion Picture, Filming or Television Productions on state property. Go to <http://www.film.ri.gov/> or contact at 401-222-3456.*

Will you set up a tent for this event? Yes No

➤ *Tent(s) over approximately 20 x 15 ft require a fire and electrical inspection. To request an inspection, visit <https://rhodeisland.viewpointcloud.com/> and select LPG and Tent/Event Permits. For any questions, contact the Office of the State Fire Marshall at 401-889-5555. Please submit a copy of the inspection to DEM. If inspections have not been performed by the start of the event, the Department will revoke the Special Use or Special Event Permit.*

Will any vendor provide goods or services for sale? Yes No

➤ If yes, please list all intended vendors along with the goods or services they intend to provide and whether money will be exchanged on site:

Vendor Name	Intended Goods/Services	Will money be exchanged?
		<input type="checkbox"/> YES* <input type="checkbox"/> NO
		<input type="checkbox"/> YES* <input type="checkbox"/> NO
		<input type="checkbox"/> YES* <input type="checkbox"/> NO

*** If you have answered YES that there will be money exchanged at you event; your event will require a License Agreement and State Properties Committee approval (<http://www.statepropertiescommittee.ri.gov>) if authorized by the Divisions of Forestry and Fish and Wildlife.**

Does your event/group require Security, Traffic Control, EMT, Police, Fire? Yes No

➤ If yes, please indicate the services your event requires: _____

RIDEM may require law enforcement, EMT details and/or additional staff assigned to your event at your expense depending on the nature, size, location, time, and/or date of the event. You will be notified in advance of these requirements prior to this permit being approved.

Will there be advertising for this event? Yes No

➤ If yes, please list the types of advertising that will be used: _____

We reserve the right to post your event on our RIDEM Website, Facebook, Twitter, and we may require you to include our logo in all publicity.

APPLICANTS MUST MEET ALL CONDITIONS OF ATTACHED COVID GUIDELINES

I certify that all required waivers for parent or guardian has been provided. By signing this agreement, signature certifies that all required waivers have been obtained. We have the right to terminate for public health and safety or for violation of any of the terms of the permit

// I the Undersigned accepts the terms and conditions set forth in this application

Applicant (Type First, Middle Initial, Last Name)

Title

Date



After completion of this portion of the application please email to: william.walker@dem.ri.gov



You will be contacted by the Division once pages 1,2 and 3 of this application is received. If approved, the Division will complete pages 4,5 and 6 of the documents and return them to you. Your final signature will then be required on page 6, indicating your agreement to abide by the terms and conditions of this permit.

FOR OFFICE USE ONLY – DO NOT FILL INFORMATION PAST THIS POINT UNLESS INSTRUCTED

Fee: \$ _____

Check here if insurance will be required.

Insurance Amounts:		
Commercial General Liability Insurance:	Per Occurrence: \$ _____	Aggregate: \$ _____
Other Insurance Requirements: _____		
If your event is required to have liability insurance:		
1.	Insurance must cover the duration of the event and be presented TWO WEEKS PRIOR to the event.	
2.	The insurance certificate must indicate that the State of Rhode Island, Department of Environmental Management, 235 Promenade Street, Providence, RI 02908 is listed as "ADDITIONALLY INSURED ON A PRIMARY AND NON-CONTRIBUTARY BASIS" and "SUBROGATION MUST BE WAIVED." The endorsement(s) for both MUST be presented with the Certificate of Liability Insurance (COI)	
3.	Policy to include Business Automobile Liability bodily injury & property damage for owned, hired, and/or non-owned vehicles with combined single limit of \$1,000,000.00	

Check here if Law Enforcement detail(s) will be required.

Number of Officers/Times/Duties:

Check here if additional staff will be required. Indicate the number of staff along with the time(s) and date(s) required and duties.

Number of Staff/Times/Duties:

Check here if additional conditions or requirements have been set forth by the Division (EMT/Medical, local police details, permission from other state or local agencies, port-a-johns, etc.).

List any additional conditions:

Check here if adult supervision waiver is required for participants under the age of 18

<i>I agree to provide adequate and appropriate adult supervision for the number of participants in this group who are under the age of eighteen (18). I further agree that I will ensure the proper use of this facility as well as ensuring the safety and the right to quiet enjoyment of other users and the public in general. Failure to ensure the above, will result in revocation of permit and denial of any future permitting.</i>
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- Check here if any additional waivers or releases are required

Indicate any required waivers/release:

- Check here if this request is for Motion Picture, Filming or Television Production.

Date Division Submitted Our Approved Permit to RI Film & Television:			
Date:	_____	Initials:	_____
Date Division Received Copy of RI Film & Television Permit:			
Date:	_____	Initials:	_____

- Check here if this event requires a License Agreement through the State Properties Committee (<http://www.statepropertiescommittee.ri.gov/>) and indicate the reason.

Reason:

For Division Headquarters Use Only (If Applicable):

- Division Staff Reimbursement Invoices Received by RMs
- Division of Management Service Invoice Issued to Permittee
- Post Event Evaluation Completed Damage Invoice Sent/If Applicable Damages Payment Made
- Post Event Survey Emailed Survey Returned

Additional Notes:

Conditions and Requirements

1. You are responsible for returning the location back to its prior condition. You are responsible for removal and disposal of trash unless with prior approval from Division. You will be billed for any damage done to the property.
2. In the case that an event exceeds estimates in participants, spectators, or vehicles to the point where the Division becomes concerned for the safety of its staff, the public, and the participants/spectators of the event, the Division will contact the DEM/Division of Law Enforcements and/or local police to assist in maintaining safety and security. This cost will be at the expense of the applicant organization. It is crucial that applicants relay accurate participant/spectator/vehicle estimates to the Division and provide updates as the event date approaches. Exceeding participant numbers can be grounds for terminating and cancelling event.
3. All Rules and Regulations of the Department of Environmental Managements must be adhered to. Please see regulations at <https://rules.sos.ri.gov/regulations/part/250-100-00-1>
4. Applicant agrees that the applicant shall, at all times, defend, protect and save, hold harmless and indemnify the Divisions of Forestry and Fish and Wildlife, its agents, servants, and employees against and from: (a) any penalty, damages or charges, including attorneys' fees for any violation of any law or ordinance whether occasioned by negligence or willful act of the applicant or of the applicant's agents, employees, servants, invitees or visitors; (b) all claims, including bodily injury and death, loss, costs, damage or expenses, including attorneys' fees, arising out of or from any accident, incident or occurrence in any way connected to the use in, on or about the Premises by the applicant or by the applicant's agents, employees, servants, invitees, or visitors; (c) all claims, including bodily injury and death, loss, costs, damage, or expenses, including attorneys' fees, arising out of or from any failure of the applicant in any respect to comply with and perform all the requirements and provisions of this permit.
5. The Licensee hereby acknowledges and agrees that its intended use of the Licensed Premises is for recreational purposes as set forth in R.I. Gen. Laws § 32-6-2 and as such use of the Licensed Premises is subject to the conditions set forth in R.I. Gen. Laws § 32-6-1, et seq. The Licensor does not extend any assurance that the Licenses Premises are safe for any purpose; confer upon Licensee, or its agents, employees, servants, invitees or visitors, the legal status of an invitee or licensee to whom a duty of care is owed; assume any responsibility for or incur liability for any injury to Licensee, or its agents, employees, servants, invitees or visitors or their property caused by an act of omission of said State or Licensor.

Conditions Accepted by Applicant:

_____ Date

_____ Applicant (**Type First, Middle Initial, Last Name**)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information in this application.

Division Conditional Approval:

_____ Signature of Division Administrator Date _____

Division Final Approval:

_____ Signature of Division Chief or Designee Date _____