



This is only an application. This form is not a permit. Completing and submitting this application does not confirm your date nor signify any intention by the DCR to approve this application. If the application is approved, a permit will be mailed to you. If the application is not approved you will receive notification by mail.

How do I apply for a permit?

STEP #1

Complete all fields on the Special Use Permit application.
Attach any additional information such as route maps, site set up diagrams, list of vendors, vehicles and anything else that you need to expand on.

STEP #2

Return the Special Use Permit application with a check or money order for \$35.00 (non refundable) application fee at least 45 days prior to the actual event date. Money orders or checks should be made payable to the Commonwealth of Massachusetts/DCR. Credit cards and cash are not accepted.

STEP #3

Mail applications to:

**The Department of Conservation and Recreation
Attention: Department of Special Events
251 Causeway Street, 9th Floor
Boston , MA 02114**

What happens next?

1. A DCR event coordinator will review and forward your application to all appropriate parties including, site supervisor, park rangers, State Police etc. for review. If your event requires any additional costs, you will receive an invoice for this amount which must be paid prior to your event.
2. You must secure and submit a Certificate of Liability Insurance. The Commonwealth of Massachusetts, Department of Conservation and Recreation must be named as additional insured for the date and location of your event with a minimum amount of liability of 1 million dollars. Please forward your insurance certificate to the DCR upon receipt.
3. Your permit will be mailed, emailed and/or faxed to you. Due to the many changing components of an event, Special Event Permits are often issued only a few days in advance of your event.

Important Information

- ❖ Alcohol cannot be consumed, or given away on DCR property.
304 Code of Massachusetts Regulations 12.06- Alcoholic Beverages Prohibited
- ❖ No alcohol or tobacco sponsors are allowed.
- ❖ Setting up of tents/staging, scaffolding, certain inflatables will require approval from the Massachusetts Department of Public Safety.



DEPARTMENT OF CONSERVATION AND RECREATION

Department of Special Services
 251 Causeway Street, Suite 600, Boston MA 02114

2009 SPECIAL USE PERMIT APPLICATION

Application Fee \$35

for office use only:
PERMIT NUMBER
CHECK NUMBER

EVENT DATE(S): _____

PARK NAME: _____

LOCATION REQUESTED: _____
 (Current site set up maps, road closure plan, walk and run route maps **MUST** accompany the application)

Name of Event: _____

Name of Organization: _____

Applicant Name: _____

Address _____ City/State/Zip _____

Phone # _____ Cell Phone # _____

Fax # _____ Event Website _____

Email Address# _____

Number of Participants: _____ Number of Spectators: _____

TYPE OF EVENT (CHECK ALL THAT APPLY)

Run/Walk _____ Festivals _____
 Boating/Swimming _____ Concert _____
 Other(specify) _____

	DATE(S)	START TIME	END TIME
Event Set Up			
Registration			
Event			
Clean Up			

ALL SPECIAL USE PERMITS REQUIRE A CERTIFICATE OF LIABILITY INSURANCE. THE CERTIFICATE MUST NAME THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF CONSERVATION AND RECREATION AS ADDITIONALLY INSURED FOR THE DATE AND LOCATION OF YOUR EVENT. YOUR CERTIFICATE DOES NOT HAVE TO BE SENT WITH THIS APPLICATION, BUT MUST BE SUBMITTED PRIOR TO YOUR PERMIT BEING ISSUED.

EVENT DATE:

Co./Org: _____

Permit #: _____

DESCRIBE YOUR EVENT IN DETAIL. ATTACH 2009 SITE SET-UP MAPS, WALK AND RUN ROUTE MAPS WITH WATER STOPS/CHECK POINTS AND DESCRIPTIONS, ROAD AND LANE CLOSURE PLAN.

Please indicate whether the following items pertain to your event:

- YES NO Does your event require electricity?
If yes - are you bringing a generator? _____
If yes - are you **REQUESTING** a DCR power source? _____
(may require additional DCR staffing charge)
If yes- what is the electricity for? _____
- YES NO Are you placing portable toilets?
If yes - what company _____

What date and time are they being delivered? _____

What date and time are they being picked up? _____
- YES NO If available-Do you **REQUEST** the use of DCR Restrooms?
(may require additional DCR staffing charge)
If yes - what time do you want them open? _____ Closed? _____
- YES NO Are you placing any tents or other structures at your event?
(note: tents larger than 10x10 require Dept. of Public Safety approval.)
If yes-what is the name of the tent company? _____
Set-up date & time _____
Removal Date & time _____
- YES NO Are you setting up any stages? (all stages require Dept. of Public Safety approval.)
If yes-what company? _____
Set-up date & time _____ Removal date & time _____
- YES NO Are you serving any refreshments?
If yes-What are you serving? _____
- YES NO Are you **REQUESTING** to have any vendors? (Food, fire & health permits required)
If yes -- Please list vendors and items for sale on a separate sheet
- YES NO If your event is a walk or run, will you have any waterstops/checkpoints?
If yes-must include a map with the locations.
- YES NO Are you **REQUESTING** a road closure? Location _____
- YES NO Are you **REQUESTING** a lane closure? Location _____

** NOTE: All "REQUESTS" must have DCR approval and may require additional charges.

SIGNATURE OF APPLICANT _____ **DATE** _____
(applications will not be processed without a signature)