

Women's Rights National
 Historical Park
 136 Fall Street
 Seneca Falls, NY 13148
 Phone 315.568.2991
 FAX 315.568.2141



PLEASE ENSURE THAT YOU REQUEST EQUIPMENT SUPPORT ON THIS APPLICATION. WE WILL ADVISE YOU IF WE CAN PROVIDE THE EQUIPMENT OR IF YOU MUST BRING IT.

Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** 5 business days for processing. A non-refundable processing fee should accompany 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 and proof of liability insurance naming the United States as also insured.

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 #:
E-mail:	E-mail:

Requested Location: _____

Date(s): _____

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)

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

List support personnel (contractors, etc. including addresses and telephones attach additional pages if necessary) _____

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

- | | | |
|---|----------------------------|----------------------------|
| 1. Is this an exercise of First Amendment Rights? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Are you familiar with/ have you visited the requested area? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Have you obtained a permit from the National Park Service in the past?
(If yes, provide a list of permit dates and locations on a separate page.) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Do you plan to advertise or issue a press release before the event? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Will you distribute printed material? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. 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.) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. Do you intend to solicit donations or offer items for sale?
(These activities may require an additional permit.) | <input type="checkbox"/> Y | <input type="checkbox"/> N |

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. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$_____.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable.

*This completed application should be emailed to **guy_hock@nps.gov** or dropped off at the park to Guy Hock's attention. For your convenience, this is an online fillable application. Please "save as" when you complete it.*

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 (2460), Washington, D.C. 20240