Name of group or organization:			
Address:		Phone:	Fax:
Contact Person:	Phon	ne:	Email:
Commercial General Liability insu exemptions are required. The Courapplicable by policy or endorsemen	ity of Rocklai	•	
Please state the name of your organ	ization's insu	ırance broker	
An ACORD Insurance certificate <u>n</u> that apply. Proof of NYS Workers WC forms C105.2 or CE-200 (exem	Compensatio	on / Disability or the	•
What buildings or grounds are request	ted?		
Date of Event:		Start time:	End time:
Purpose of Event:			
Number of people expected (approx):			
Age Group: (Check those applicable)			
*Infants to 18 years of age Ad *Adequate adult supervision required	ults 18-60	Senior Citizens	
Number of Vehicles: Cars	Buses		
Will food or beverages be served?	Yes No		
Adequate supervision for clean-up is requ	ired		
 IMPORTANT All facilities must be return All litter must be disposed of It is the responsibility of the Permit requests must be sufficient 	of properly. e organization bmitted two w	to notify all guests of t	
Signature of Representative of Organization			nature - CE Office s/Has Not Been Granted

Please return to: Office of the Rockland County Executive

11 New Hempstead Rd New City, NY 10956 Or fax to: 845-638-5856