



PARKS & RECREATION DEPARTMENT

Mailing Address: Town of New Paltz Recreation  
PO BOX 550, New Paltz, N.Y. 12561  
Community Center Address: 3 Veterans Drive,  
New Paltz, N.Y. 12561

Office (845) 255-2512 Fax (845) 255-4084  
Emergency Maintenance 845-399-5354  
Non-emergency police 845-255-2313  
[recreation@townofnewpaltz.org](mailto:recreation@townofnewpaltz.org)

Rev 1/24

Individual, Group, or Organization requesting use of facilities:

Not For Profit: \_\_\_\_\_ Other: \_\_\_\_\_ Will admission be charged? Yes \_\_\_\_ No \_\_\_\_  
Representative of Group: \_\_\_\_\_  
Representative Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Facility Requested: Community Center: \_\_\_\_\_ Field of Dreams \_\_\_\_\_ Clearwater: \_\_\_\_\_  
Describe Nature of Activity and Method of Supervision: \_\_\_\_\_

Estimate of Participants: \_\_\_\_\_ Special Services Needed \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

1. Applicants must be 21 years of age. Adult supervision must be provided at all times.
2. All buildings and grounds must be left in the same condition in which they were found.
3. Items and services may not be sold, exhibited, or displayed without permission.
4. Putting up decorations or scenery and moving furniture or infrastructure is prohibited, unless permission is given. Moved items must be returned to their original locations.
5. Alcoholic beverages are prohibited unless a permit is acquired from NY State Liquor Authority.
6. The Parks Department will assume no responsibility for properties left at any facility by the applicant or their guests.
7. The undersigned hereby certifies that he/she has read the rules and regulations and also agrees to abide by additionally posted, Town Park Rules and Community Center Rules as applicable.
- A. Deposits are required for Community Center Rentals, \$150.00, and Park Rentals, \$50.00 (deposits for the Community Center and/or Park Rental will/will not be refunded after a kitchen cleanliness check), checks are made out to the Town of New Paltz and separate rental check is to be received by Recreation seven to ten days prior to the event date.
8. Rental time is calculated from arrival to departure and includes set up, breakdown, and cleanup.

Applicant Signature \_\_\_\_\_ Approval \_\_\_\_\_ Date \_\_\_\_\_

Deposit: _____	Check #: _____	Date Received: _____	Staff Initial: _____
Rental: _____	Check #: _____	Date Received: _____	Staff Initial: _____
Annual: _____	Check #: _____	Date Received: _____	Staff Initial: _____

# Special Event Permit Application

## New York State Liquor Authority

### Landlord Authorization Form

Date(s) of event: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Venue Name: \_\_\_\_\_

Venue Street Address: \_\_\_\_\_

Venue City and zip code: \_\_\_\_\_

***By my signature, I acknowledge that I am the landlord/owner of the applied for premises, or that I am a duly authorized representative of the landlord/owner, to sign this landlord authorization form. I hereby grant permission for the sale or services of alcoholic beverages by the applicant for consumption on said property.***

\_\_\_\_\_  
Print Name of Landlord/Owner

\_\_\_\_\_  
Print Your Name and Title

\_\_\_\_\_  
Signature & Date