State Parks, Forests and Historic Sites

Special Use Permit Application

In order to apply for a Special Use Permit, please complete the following application and return it via email to specialusepermits@dep.nj.gov. The appropriate Park office will then contact you regarding submission of the non-refundable application fee. If applying for an event at Liberty State Park, please send the completed application directly to libertystateparkpermits@dep.nj.gov. Note: An event is not approved until a final permit is issued and signed by all parties; additional fees may be required to obtain final approval.

Application Fee: (Please check the box that applies)

New Jersey Commercial	$150.00 ■	Out-of-State Commercial	$200.00 ☐
New Jersey Non-Commercial	$60.00 ☐	Out-of-State Non-Commercial	$75.00 ☐

APPLICANT NAME: Lou Burgese CLIENT NAME:

COMPANY / ORGANIZATION: JLD Events COMPANY / ORGANIZATION WEBSITE: JLDEvents.com

TYPE OF EVENT: Adventure Race NAME OF EVENT: Wander Through Wharton

ADDRESS: 1068 Beckley Drive CITY: Williamstov STATE: NJ ZIP: 08094

PHONE: CELL: [redacted] FAX:

EMAIL: lou@jldevents.com

In the space below, please provide a detailed description of your proposal, including any NJ State Park Service Code Waiver requests for generally prohibited activities, including but not limited to alcohol sale/distribution, UAV operation, and discharging fireworks. Attach separate page(s) if needed.

See attached.

LIST PREFFERED DATE(S) AND TIME(S) OF EVENT AND ANY SETUP AND/OR BREAKDOWN DAYS REQUIRED (Park will confirm date based on availability)

1. 3/9/2024 (Date) 0800 (Time) 2. (Date) (Time) 3. (Date) (Time)

PROPOSED LOCATION OF EVENT: Batsto Village

ESTIMATED ATTENDANCE: 50 ESTIMATED VEHICLES: 60

ARE YOU FAMILIAR WITH THE SITE REQUESTED?	Yes ■	No ☐
WILL THERE BE AN ADMISSION FEE FOR THE EVENT?	Yes ■	No ☐
WILL YOU HAVE A PRODUCTION / SPECIAL EVENT COMPANY?	Yes ■	No ☐
DOES YOUR SPECIAL EVENT INCLUDE PHOTOGRAPHY?	Yes ■	No ☐
DOES YOUR EVENT INCLUDE A BOAT DOCKING?	Yes ☐	No ■

NAME OF BOAT: LENGTH: DRAFT:

The applicant by his or her signature certifies that: 1. All the information given is correct. Giving false information will result in the denial or revocation of a permit. 2. All rules and regulations listed under NJ State Park Service Code N.J.A.C. 7:2 (https://www.nj.gov/dep/rules/rules/njac7_2.pdf) governing the use of State Park property and facilities are understood and will be fully complied with by the applicant. 3. The applicant, while using the facilities made available by the State of New Jersey, will not discriminate on the basis of race, color, religion, sex, national origin, age or disability. 4. Applicant has reviewed the Special Use Permit Guidelines and agrees to provide a Certificate of Insurance meeting or exceeding the minimum requirements detailed in Section C. 5. Applicant is aware that information provided on this application may be subject to review and inspection under the Open Public Records Act (N.J.S.A 47:1A-1 (www.state.nj.us/grc/pdf/act.pdf).

NAME OF APPLICANT: Lou Burgese

SIGNATURE OF APPLICANT: DATE: 7/6/2023

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION, State Parks, Forests and Historic Sites

updated 12/5/2022

Internal Use Only: **PERMIT#**

Redacted as unlisted telephone numbers are confidential pursuant to N.J.S.A. 47:1A-1.1.

State Parks, Forests and Historic Sites

Special Use Permit Application

In order to apply for a Special Use Permit, please complete the following application and return it via email to specialusepermits@dep.nj.gov. The appropriate Park office will then contact you regarding submission of the non-refundable application fee. If applying for an event at Liberty State Park, please send the completed application directly to libertystateparkpermits@dep.nj.gov. Note: An event is not approved until a final permit is issued and signed by all parties; additional fees may be required to obtain final approval.

Application Fee: (Please check the box that applies)

New Jersey Commercial	$150.00 ☐	Out-of-State Commercial	$200.00 ☐
New Jersey Non-Commercial	$60.00 ■	Out-of-State Non-Commercial	$75.00 ☐

APPLICANT NAME: Rachel Kreimer CLIENT NAME: Congregation Beth Tikvah

COMPANY / ORGANIZATION: _____ COMPANY / ORGANIZATION WEBSITE: www.btikvah.org

TYPE OF EVENT: picnic NAME OF EVENT: _____

ADDRESS: 115 Evesboro-Medfo CITY: Marlton STATE: NJ ZIP: 08053

PHONE: 856-983-8090 CELL: [redacted] FAX: _____

EMAIL: office@btikvah.org

In the space below, please provide a detailed description of your proposal, including any NJ State Park Service Code Waiver requests for generally prohibited activities, including but not limited to alcohol sale/distribution, UAV operation, and discharging fireworks. Attach separate page(s) if needed.

Annual Congregational Picnic- opportunity to gather together for afternoon of relaxation, swimming and games. Everyone encouraged to bring their own picnic lunch.

LIST PREFFERED DATE(S) AND TIME(S) OF EVENT AND ANY SETUP AND/OR BREAKDOWN DAYS REQUIRED (Park will confirm date based on availability)

1. 8-20-23 (Date) 12-5 (Time) 2. _____ (Date) _____ (Time) 3. _____ (Date) _____ (Time)

PROPOSED LOCATION OF EVENT: Atsion Lake

ESTIMATED ATTENDANCE: 75 ESTIMATED VEHICLES: 40

ARE YOU FAMILIAR WITH THE SITE REQUESTED?	Yes ☐	No ■
WILL THERE BE AN ADMISSION FEE FOR THE EVENT?	Yes ☐	No ■
WILL YOU HAVE A PRODUCTION / SPECIAL EVENT COMPANY?	Yes ☐	No ■
DOES YOUR SPECIAL EVENT INCLUDE PHOTOGRAPHY?	Yes ☐	No ■
DOES YOUR EVENT INCLUDE A BOAT DOCKING?	Yes ☐	No ■

NAME OF BOAT: _____ LENGTH: _____ DRAFT: _____

The applicant by his or her signature certifies that: 1. All the information given is correct. Giving false information will result in the denial or revocation of a permit. 2. All rules and regulations listed under NJ State Park Service Code N.J.A.C. 7:2 (https://www.nj.gov/dep/rules/rules/njac7_2.pdf) governing the use of State Park property and facilities are understood and will be fully complied with by the applicant. 3. The applicant, while using the facilities made available by the State of New Jersey, will not discriminate on the basis of race, color, religion, sex, national origin, age or disability. 4. Applicant has reviewed the Special Use Permit Guidelines and agrees to provide a Certificate of Insurance meeting or exceeding the minimum requirements detailed in Section C. 5. Applicant is aware that information provided on this application may be subject to review and inspection under the Open Public Records Act (N.J.S.A 47:1A-1 (www.state.nj.us/grc/pdf/act.pdf).

NAME OF APPLICANT: Rachel Kreimer

SIGNATURE OF APPLICANT: Rachel Kreimer DATE: 7-18-23

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION, State Parks, Forests and Historic Sites

updated 12/5/2022

Internal Use Only: **PERMIT#** _____

Department of Environmental Protection
Division of Parks and Forestry
State Park Service

Special Use Permit (SUP) Application

*Please print/type the following application and return it with the non-refundable application fee made payable to "Treasurer- State of New Jersey" at the State Park Service (SPS) area that will administer the event, at least 90 days prior to the requested date. *Non Commercial Application fee is $60 for NJ residents, and $75 for out of state residents. Commercial application fee is $150 for NJ residents and $200 for out of state residents. Contact the administering SPS area with any questions, pertaining to this application or process. At SPS discretion, an additional Operations Plan may be required, depending on complexity of request. This SUP request is not fully approved until a SPS authorized **Special Use Permit,** is issued and signed by all required parties.*

State Park Service (Area): Brendan T. Byrne State Forest, Wharton State Forest, Bass River State Forest

Type of Special Use/Event: Running Event - Batona Trail Races 33M/55M

Date & Time of use: (Date) 11/4/23 (Start/Time) 4am (End/Time) 9pm

Applicant(s) Name: Vanessa Kline

Company/Organization: Beast Coast Productions, LLC

Street Address: 1709 Marne Hwy or PO Box 704

City/Town: Hainesport **State:** NJ **Zip Code:** 08036

Telephone/Contact #'s: (Home, Bus.) ( ) _____ (Cell) (714) [redacted] (pref.)

FAX #: _____ **Email Address** (Optional)**:** xxxx@xxxxxxxxxxxx.xx

Estimated Attendance: 250 participants, 20 volunteers **Estimated # of Vehicles:** 175 in various locations

Please Check Yes (Y) or No (N) to answer the following questions

Have you completely read and understand the SUP Application Package? Y ☒ N ☐

Are you familiar with the site? Y ☒ N ☐ **Will there be any fees charged?** Y ☒ N ☐

Will you offer food for sale? Y ☐ N ☒ **Will any items/goods be for sale?** Y ☐ N ☒

Are you a SPS Officially Recognized Friends Organization (ORFO)? Y ☐ N ☒

Does request include commercial photography? Y ☐ N ☒ **If YES: (Still** ☐ **Video** ☐ **Movie** ☐**)**

Will you be requesting assistance with/of: Maintenance: Y ☐ N ☒ **Park Police/Security:** Y ☐ N ☒

Parking: Y ☐ N ☒ **Water/Electric Connection:** Y ☐ N ☒ **Early or Late Open/Close:** Y ☐ N ☒

Application continues on next page

Please make a selection and check off the appropriate box below that your classification:

_____ Individual or non-profit; New Jersey resident [$ 60.00] _____ Individual or non-profit; Non-resident [$75.00]

__X__ Commercial; New Jersey resident [$ 150.00] _____ Commercial; Non-resident [$200.00]

_____

*In the space provided below give a brief description of your proposed special use or event and give further explanation to any questions above, in which you checked/answered **Yes (Y)**. Also, please describe any special needs you may have.*

_____

The applicant by his/her signature certifies that: **1.)** All information is correct. False information will result in denial or revocation of permit. **2.)** All SPS rules and regulations pertaining to use of area are understood and will be fully complied with by the applicant. **3.)** Applicant will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability.

Name of Applicant (Print): Vanessa Kline

Signature of Applicant: Vanessa Kline **Date:** 5/11/23

_____

FOR SPS USE ONLY

SPS Approved: Yes ___ No ___ Conditional ____ Superintendent: _____

SPP Approved: Yes ___ No ___ Conditional ____ Sergeant: _____

Comments/Explanation of Conditional Approval:

_____