



APPLICATION FOR THE USE OF PUBLIC LANDS
TOWN OF BARRINGTON, RHODE ISLAND

Date _____

Name of Applicant _____

Address _____

Telephone Number _____ Email: _____

Name of group, association or organization sponsoring the activity

Address _____

Telephone Number _____ Email: _____

Name and Section of Park or Recreation Area for which permit is desired: _____

Start date _____ End date _____

Estimate of anticipated attendance _____

Type of activity for which permit is desired _____

* Signature _____ Date _____

Processing Fee: \$25.00 Non-refundable. Land Use Fee: \$25.00 per event, per day.

Applicants are required to provide a **certificate of insurance** in an amount not less than \$1 million, naming the Town of Barrington as additional Insured, (Town of Barrington, 283 County Road, Barrington, RI 02806) and **Lessee's Indemnification Agreement**. Lessee's Indemnification Agreement is available at the Recreation Department, Barrington Town Hall, and on the Town's website, Recreation Page, and the applicant's insurance company should provide the Certificate of Insurance.

FOR TOWN USE ONLY:

Application Granted on _____ Application Denied on _____

Reason Denied _____

Alternate Site or Date _____

(will be held for five business days pending re-application by applicant)

Recreation Director, Athletic Field Available _____ Date _____

DPW Director _____ Date _____

Town Clerk _____ Date _____

Date Filed _____

Insurance Certificate _____ Lessee's Agreement _____

COPY TO POLICE CHIEF, ORIGINAL TO RECREATION DEPARTMENT