



Town of Babylon
Department of Parks, Recreation & Cultural Affairs
151 Phelps Lane, North Babylon, NY 11703

Beach Clean-Up Permit Application 2026

Application Requirements:

All documents must be returned to the address listed above.

1. Beach Clean-up Permit Application
2. A proposal submitted in writing describing all aspects of the event. A meeting may be required to discuss details of the event prior to approval.
3. A Hold Harmless Agreement signed and notarized or the organization's insurance naming the Town of Babylon as additionally insured.
4. A copy of the Coordinators License or ID

Organization: _____ [] For Profit [] Not For Profit

Organization Address: _____ Town: _____

Coordinator's Name: _____ Phone: _____

Coordinator's Address: _____ Town: _____

Coordinator's Email: _____

Additional Contact (MUST LIST 2) include name, email, and phone number

1. _____

2. _____

Event Date: _____ Rain Date: _____

Event Begin Time: _____ Event End Time: _____

Number of Attendees: Adults: _____ Children: _____

Office Use Only: Date Received: _____ Office Staff Initial: _____

Rich Schaffer, Supervisor
Antonio Martinez, Councilman
Parks, Recreation & Cultural Affairs Committee

Eva Rodriguez-Greguski, Commissioner
(631) 893-2100

Event Location:

Cedar Beach _____ Geiger Park _____ Overlook Beach _____
Gilgo Beach _____ Venetian Shores _____

Other: _____

Indicate the specific area in the park that the event will utilize: _____

Security:

It is the responsibility of the organization to monitor or provide security for your event. We suggest that you reach out to the Town of Babylon Public Safety Department at 631-422-7600 to discuss your event security needs.

AUTHORIZATION AND ACCEPTANCE

I HAVE READ THE RULES AND REGULATIONS GOVERNING THE USE OF TOWN PROPERTY AND AGREE THAT BY MY SIGNATURE, AS WELL AS THE ORGANIZATION THAT I REPRESENT, WILL ABIDE BY THEM.

Coordinator's Signature: _____ Date: _____

Office Use Only: Indicate Date Received

Completed Application: _____ **Fee:** _____ **Copy of ID:** _____
Insurance/Hold Harmless: _____ **Signed Rules & Regulations:** _____



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Hold Harmless Agreement

_____ (*applicant's name*) covenants and agrees that the premises known and designated as _____ (*facility name*) are being used and/or utilized or their sole benefit and being fully apprised of their rights and duties concerning the use of said premises, hereby covenant, waive, release and hold harmless forever the TOWN OF BABYLON, it's agents, servants, and/or employees from any and all claims for personal injury, injury to property, theft and injury to participants by third parties and any other claims and losses arising from the use and/or occupation of said TOWN facility. We have been advised in writing of our rights and duties regarding our use and/or occupation of said premises and we hereby agree to be bound, our heirs, executors, administrators and/or successors to the terms and conditions therefore stated. This agreement is not being executed out of duress, undue influence, or misrepresentation on the part of the TOWN OF BABYLON or its' agents, employees and servants or anyone acting on its behalf, its assigns or successors.

State of New York)
) ss.:
 County of Suffolk)

 Applicant's Signature

Individual Applicant

On the _____ day of _____ 20_____, before me personally came _____ to me know to be the individual described in and who executed the foregoing instrument and acknowledge to me that he executed the same.

 Notary Public, State of New York

Organization/Corporation Applicant

On the _____ day of _____ 20_____, before me personally came _____ to me known, who being by me dully sworn, did depose and say that he is the _____ of

_____, the corporation described in and which executed the above instrument; that he knows the seal of said corporation/organization; that the seal affixed to said instrument is such corporate seal' that it was affixed by order of the Board of Directors of said corporation/organization, and that he signed his name thereto by like order.

 Notary Public, State of New York

Office Use Only: Date Received: _____

Office Staff Initial: _____

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