Agency of Natural Resources
Special Use Permit & License
Application Instructions

Note: Please use the section by section application instructions provided to complete the application. If you have any questions, contact the License Coordinator in the region of the State you are seeking a permit for. This application form has interactive fields that can be completed if you have a recent version of Adobe Reader. If you do not have a recent version, please visit **http://get.adobe.com/reader/** to download the most recent version of Adobe Reader.

Applicant Information Section

Name of Contact Person: Enter the contact person(s) name.
Organization or Business: Enter the name of the organization or business to which the permit or license will be issued.
Mailing Address: Enter the post office mailing address including zip code to which the permit or license and invoice should be mailed.
Telephone: Provide a telephone number where the contact person can be reached.
FAX: Enter the FAX number for the contact person, if available.
Email: Enter the email address for the contact person, organization, or business, if available.

1: Purpose of Use/Type of Service

In this section you need to explain the type of service or nature of the activity you wish to obtain a permit for. Please address the following items: 1) what is the purpose (recreation, instructional, educational, etc.), and what activities will be pursued (hiking, backpacking, camping, fishing, rock climbing, etc.)? 2) What is the make-up of the participants (children, college students, boy scouts, handicapped, etc.)? 3) What type of organization are you (camp, guiding service, educational institution, etc.), and what services are you providing the public? Include a map or maps of the areas that you are proposing to use and also indicate your access point.

2: Type and Period of Use

The purpose of this section is for you to specifically describe how you will make use of Agency of Natural Resources lands (Department of Forests, Parks and Recreation, Department of Fish and Wildlife, and Department of Environmental Conservation). Exception: FW Access Areas

State Land Unit Name: Identify each state land unit (i.e., Mt. Mansfield State Forest, Snake Mountain Wildlife Management Area, and Darling State Park) that you wish to use for each trip and each date by using a separate row or line.

Specific Location: Identify the specific location (i.e., Cotton Brook Canoe Access, Waterbury Trail and trailhead, Elmore State Park - Mountain Trail, Mt. Mansfield State Forest - GMC Butler Lodge) of the state land unit that you wish to use for each trip and each date by using a separate row or line.

Activity Code: Identify the type of activity for each trip you wish to take by using the appropriate code (found at bottom of Section 2: Type and Period of Use).

Dates: Indicate the period of time during which you will be occupying State Agency lands. Be as specific as possible. For example, enter the actual dates of the trip if known: 6/1/13 - 6/09/13, and July 21, 2013; or more generally, twice a week from 5/1/13 to 9/15/13.

Number of Days: Enter the maximum total number of days you will spend time on Agency state lands for each trip. This number will be equal to or less than the number of days within the period of use. Be sure to count the first and last days of a trip as whole days.

Number of Clients: Indicate the number of clients per trip.

Number of Guides: Indicate the number of guides/leaders per trip.

3: Applicant Status
Please specify the status of your organization.

4: Special Requirements
Please identify any and all special requirements. These may be provided by applicant or may be required by the Agency or local ordinances.

5: Sale Items
Identify all items that may be sold as part of the event, trip, or program.

6: Fees Charged to Clients or Participants
Identify all fees that will be charged to clients or participants in the event, trip, or program.

7: Insurance
If a special use permit or a license is necessary, and issued, insurance may be required. A copy of the Certificate of Insurance will be needed. Please be sure that the Certificate of Insurance includes the following: the Additional Insured endorsement should read: "The State of Vermont and its officers and employees as additional insureds for liability arising out of this license/permit." Other provisions may be required, such as bonding or hold harmless clauses. The minimum insurance coverages that are needed include:

1. Workers' Compensation: With respect to all operations performed, Licensee/Permittee shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

2. General Liability and Property Damage: With respect to all operations performed under the License/Permit, Licensee/Permittee shall carry general liability insurance having all major divisions of coverage including, but not limited to the following:
   A. Premises-Operations
   B. Products and Completed Operations
   C. Personal Injury Liability
   D. Contractual Liability

   The policy shall be an occurrence form and limits shall not be less than the following:

$1,000,000	Per Occurrence
$1,000,000	General Aggregate
$1,000,000	Product/Completed Operations Aggregate
$ 50,000	Fire Legal Liability

3. Automobile Liability: Licensee/Permittee shall carry automobile liability covering all motor vehicles, including owned, non-owned, and hired, used in connection with this License/Permit. Limits of coverage shall not be less than $1,000,000 Combined Single Limit.

Sign and Date the Application: Please do not forget to sign and date the application. Failure to do so may result in delays in processing your application.

Vermont Agency of Natural Resources
Special Use Permit and License Application
For Use of Vermont State Lands

Name of Contact Person: _____

Organization or Business: _____

Mailing Address: _____

Telephone: _____

FAX: _____

Email: _____

1. **Purpose of Use:** Describe the purpose of use or the type of service provided. Include a map(s) and indicate where your activity is proposed to occur and where you will access the state land.

_____

2. **Type and Period of Use: (use attached form)**

3. **Applicant:** ☐ For Profit ☐ Not For Profit (either 501c-3 or eligible)

4. **What special requirements does this activity require?** (i.e., parking, sanitary facilities, traffic control, special signing, medical services)

_____

5. **Will any items be sold?** ☐ **Yes** ☐ **No**

   If Yes, what type of item(s) and prices are charged?

_____

6. **Will a fee be charged?** ☐ **Yes** ☐ **No**

If Yes, you must enclose documentation of your per-day client charge, registration fees, etc. by either writing below, or enclosing appropriate advertising materials, brochures, or a signed letter stating what the fees to be charged are and for what purposes. Be sure to explain how much of the fee, if any, is paid to others for long-distance transportation and lodging, and provide documentation of this.

7. **Insurance:** If a special use permit or a license is necessary, and issued, insurance may be required. A copy of the Certificate of Insurance will be needed. Please be sure that the Certificate of Insurance includes the following: the Certificate Holder Block should read: "Vermont State Government, Vermont Agency of Natural Resources." The Additional Insured endorsement should read: "The State of Vermont and its officers and employees as additional insureds for liability arising out of this license/permit." For minimum coverage required and additional information, please refer to the Information Sheet. Other provisions may be required, such as bonding or hold harmless clauses.

_____ _____

Applicant's Signature Date

Type and Period of Use

State Land Unit Name	Specific Location	Activity Code	Dates To From	# Of Days	# Of Clients	# Of Guides

Activity Codes

AP = Animal Packing
DH = Day Hiking
BP = Overnight Hiking/Backpacking
BK = Biking/Mt. Biking
SS = Snowshoeing
SK = Snow Skiing
SM = Snowmobiling
CK = Canoeing/Kayaking
FS = Fishing
HT = Hunting/Trapping
HD = Hunting by Disabled Users
CM = Camping
NS = Nature Study/Program
SE = Special Events (family reunions, weddings)
RC = Races – car, bike, running
TR = Training Activities
CC = Concessionaire/Vendors
FL = Films, movies, commercials
AG = Agricultural Uses
MS = Maple Sugaring
RS = Research
OT = Other, specify

DAILY USE REPORT FORM

State Park/Forest: _____ Period Covered: _____

Licensee: _____

Reported By: _____

Date	Total Number of People*	Total Number of Vehicles	Specific Location Used
TOTAL			

*Includes Tour Guide or Group Leader