Special Use Permit Application
Authority: ARM 12.8.205; ARM 12.8.213; 23-1-105(1) MCA; and 87-1-301(1)(c) MCA

Thank you for your interest in Montana State Parks. Complete the following application if you wish to apply for a special use permit at a State Park, including a facility rental or shelter, pavilion, or meeting room at a park; groups or events of 30 or more people; special events including but not limited to wedding parties, family reunions, fishing contests, educational activities, and research activities. For commercial uses, please contact a FWP Regional Office for information on restricted use permits.

Please Type or Print Legibly

1. Name of Company or Organization: ________________________________

2. Name of Owner or Contact: ______________________________________
   (Name will appear on the permit as permit holder)

3. Address: ________________________________________________________

4. Ph. Number: (________) __________________________________________

5. Cell Phone: (________) __________________________________________

6. Email: __________________________________________________________

7. Park Name: _______________________________________________________
   Date(s) of Proposed Use: ___________________________________________
   Time of use (i.e. 8:00 am – 12:00 pm; all day; etc.): ______________________
   Number of People Participating: ______________________________________

8. Description of Use. Please provide a description and the purpose of the use you are proposing to conduct.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I further understand that the provision of false information, or the failure to keep this application or other permit information updated, are grounds for probation, suspension, or revocation of the permit. I understand that I must comply with the terms and conditions listed on the permit.

Applicant Signature: ___________________________ Date: ________________
Please mail your completed application to the “Regional Park Manager” at the FWP Regional Office in the area where you wish to conduct the use. See map and address below for the appropriate regional office. You may also bring your completed application directly to the park where you are applying for use. Upon authorization of your permit application, Montana State Parks will send you a permit that specifies the locations and time periods the permit is valid, permit terms and conditions, and the amount of the permit fee.

**Regional Offices**

**R1: Kalispell**  
FWP Region 1  
490 North Meridian Rd  
Kalispell, MT 59901  
(406) 751-4574

**R2: Missoula**  
FWP Region 2  
3201 Spurgin Rd  
Missoula, MT 59804  
(406) 542-5517

**R3: Bozeman**  
FWP Region 3  
1400 South 19th Ave  
Bozeman, MT 59718  
(406) 994-3552

**R4: Great Falls**  
FWP Region 4  
4600 Giant Springs Rd  
Great Falls, MT 59405  
(406) 454-5859

**R5: Billings**  
FWP Region 5  
2300 Lake Elmo Dr  
Billings, MT 59105  
(406) 247-2954