



Large/Special Event Application

Newport Parks & Recreation

222 Main Street • Newport, VT 05855
 Tel. (802) 334-6345 • Fax (802)334-5632

Info@NewportRecreation.org • www.NewportRecreation.org



| | | | |
|--|---------------------------|--|----------------|
| Organization: | | <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Non-Profit <input type="checkbox"/> Profit | |
| Name of Event: | | | |
| Primary Contact Person: | | Email: | |
| Billing Address: | | | |
| Phone: | | Phone: | |
| <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| Website: | | Fax: | |
| Event Dates: | | | |
| <input type="checkbox"/> Calendar or schedule attached -OR- <input type="checkbox"/> List specific dates and times: | | | |
| Use(s) | Day(s) of the week | Date(s) | Time(s) |
| Set-Up | | | |
| Main Event | | | |
| Break-Down | | | |
| Rain Date(s) | | | |
| Event Description: | | | |
| <p><i>Please attach promotional information – flyers, posters, pamphlets etc.</i></p> | | | |
| Entertainment/Activity Schedule: | | | |
| Food Services: | | Beverage/Alcohol Services: | |
| <p><i>Additional vendor permits/proof of licensure may be required</i></p> | | <p><i>Additional vendor permits/proof of licensure may be required</i></p> | |
| Other Vendors: | | | |
| Admission/Entry Fee: | | Beneficiary: | |
| Sponsors: | | | |
| Is this an annual event? <input type="checkbox"/> No <input type="checkbox"/> Yes, this is our _____ year hosting this event. | | | |
| Location/Venue: | | Location/Venue Maximum Capacity: | |
| Property/Venue Owner: | | | |
| <p><i>For Non-City owned property, please attach proof of owner's consent</i></p> | | | |
| Total Anticipated of People in Attendance: | | Target Audience: | |
| Anticipated Number of Participants: | | | |
| Anticipated Number of Spectators: | | | |
| Anticipated Number of Staff/Volunteers: | | | |

Overflow Plan:

Security Plan:

Emergency Escape Plan:

Evacuation/Shelter Location:
How will you inform guests of an emergency?

Medical/Emergency Services Plan:

Staffing/Volunteer Plan:

On-site event manager name and contact information:
How will staff be identified?

Parking/Transportation Plan:

Trash/Recycling Plan:

Recycling is required by the State of Vermont, all users are responsible for adhering to the law

Restroom Plan:

Minimum one restroom required for every 150 people in attendance

Utility Plan (Power/Water/Lighting):

Will you have amplified sound? If so, please explain:

Additional services or amenities needed:

| | |
|---|---|
| <p>ATTACHMENTS - All large event applications must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Site map describing layout of event space <input type="checkbox"/> Copies of promotional materials (banners, flyers posters etc.) <input type="checkbox"/> Certificate of Insurance including \$1,000,000 general liability coverage, listing the City of Newport as additional insured <input type="checkbox"/> Copies of all applicable permits including land use, food/drink service, fire, health, zoning, etc. | <p>SITE MAPS must include:</p> <p>Aerial view showing placement of parking, entrances/exits, tents, picnic/food areas, restrooms, waste receptacles, utilities (power/water supply), security/emergency bases, vendors, stage/entertainment/activity areas, seating and other pertinent areas.</p> |
|---|---|

By signing below, I acknowledge that the information provided on this application is true and accurate. I understand that this application is not approved until I have received confirmation from Newport Parks & Recreation and Newport City Council.

Signature: _____ **Print:** _____ **Date:** _____

OFFICE USE ONLY

| | Date | By | Notes |
|---|--|----|-------|
| Received | | | |
| Reviewed | | | |
| City Manager & Department Head Approval: | <input type="checkbox"/> Recreation: _____ Date: _____ <input type="checkbox"/> Police: _____ Date: _____ <input type="checkbox"/> Fire: _____ Date: _____ <input type="checkbox"/> Public Works: _____ Date: _____ <input type="checkbox"/> City Manager: _____ Date: _____ <input type="checkbox"/> Other: _____ Date: _____ <input type="checkbox"/> Council: _____ Date: _____ | | |

NOTES/CONDITIONS: