



# 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



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

**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><b>ATTACHMENTS - All large event applications must include:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Site map describing layout of event space</li> <li><input type="checkbox"/> Copies of promotional materials (banners, flyers posters etc.)</li> <li><input type="checkbox"/> Certificate of Insurance including \$1,000,000 general liability coverage, listing the City of Newport as additional insured</li> <li><input type="checkbox"/> Copies of all applicable permits including land use, food/drink service, fire, health, zoning, etc.</li> </ul>	<p><b>SITE MAPS must include:</b></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>
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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
<b>Received</b>			
<b>Reviewed</b>			
<b>City Manager &amp; Department Head Approval:</b>	<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:**