

CITY OF NEWPORT  
**SPECIAL EVENT PERMIT APPLICATION**

222 Main Street • Newport, VT 05855  
 Tel. (802) 334-2112 • Fax (802)334-5632

**EVENT ORGANIZER**

**Business/Organization:**

**Contact Person:**

**Email:**

**Billing Address:**

**Phone:**  Home  Work  Cell

**Phone:**  Home  Work  Cell

**Website:**

**Fax:**

**EVENT DETAILS**

**Event Dates:**

**Use(s) Day(s) of the week Date(s) Time(s)**

Set-Up

Main Event

Break-Down

Rain Date(s)

**Event Description:**

**Is this an annual event?**  No  Yes, this is our \_\_\_\_\_ year hosting this event.

**Location/Venue:**

**Location/Venue Maximum Capacity:**

**Number of People Expected to Attend (includes participants, spectators, staff/volunteers, vendors, entertainers):**

**PUBLIC HEALTH & PUBLIC SAFETY**

**Public Safety/Security Plan:**

**First Aid/Medical Emergency Plan:**

**Parking Plan:**

**Litter Clean-up & Trash Plan:**

**Restroom Plan:**

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

**Will your event include a parade or road closure?** If so, please explain:

**Additional Services or Requests:**

**ATTACHMENTS - All large event permit applications must include:**  \$25 non-refundable permit fee payable to City of Newport  Site map describing layout of event space.\*  
 Certificate of Insurance including \$1,000,000 general liability coverage, listing the City of Newport as additional insured.

**\* SITE MAPS must include:**  
 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.

By signing below, I acknowledge the information provided on this application is true and accurate. This application must be reviewed by relevant municipal departments and submitted at least 30 days prior to the event date. I understand that this permit is not approved until I have received confirmation from the City of Newport.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
 Date: \_\_\_\_\_

9/17/20

**MUNICIPAL DEPARTMENT REVIEW**

In this section, it is the Event Organizer's responsibility to solicit feedback from relevant municipal departments. During the review period, the Event Organizer may need to answer additional questions or make adjustments in the interest of public safety or convenience. This process may take up to two weeks and must be completed before the Event Permit application is submitted. Applications that have not been reviewed by department heads will not be accepted.



**NEWPORT RECREATION**  
 Michael Brown, Recreation  
 Director  
[recdirector@NewportRecreation.org](mailto:recdirector@NewportRecreation.org)  
 (802)334-6345 ext. 4

€ Reviewed – Recommend approval with no conditions.  
 € Reviewed – Recommend approval with conditions:

€ Reviewed – Do not recommend approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NEWPORT POLICE DEPARTMENT** Travis Bingham,  
 Chief  
[Travis.Bingham@NewportPD.org](mailto:Travis.Bingham@NewportPD.org) (802)334-6733 ext. 2

€ Reviewed – Recommend approval with no conditions.  
 € Reviewed – Recommend approval with conditions:

€ Reviewed – Do not recommend approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NEWPORT FIRE DEPARTMENT** John  
 Harlamert, Chief  
[John.Harlamert@NewportVermont.org](mailto:John.Harlamert@NewportVermont.org) (802)334-7919

€ Reviewed – Recommend approval with no conditions.  
 € Reviewed – Recommend approval with conditions:

€ Reviewed – Do not recommend approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NEWPORT PUBLIC WORKS**  
Tom Bernier, Director  
[Thomas.Bernier@NewportVermont.org](mailto:Thomas.Bernier@NewportVermont.org)  
(802)334-2124

€ Reviewed – Recommend approval with no conditions.  
€ Reviewed – Recommend approval with conditions:

€ Reviewed – Do not recommend approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER:**

Contact:

\_\_\_\_\_

Title:

\_\_\_\_\_

\_\_\_\_\_ Email:

\_\_\_\_\_

Phone:

\_\_\_\_\_

€ Reviewed – Recommend approval with no conditions.  
€ Reviewed – Recommend approval with conditions:

€ Reviewed – Do not recommend approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:** City of Newport, ATTN: City Clerk, 222 Main Street, Newport VT 05855  
**Email:** [James.Johnson.Clerk@NewportVermont.org](mailto:James.Johnson.Clerk@NewportVermont.org) **Phone:** 802-334-2112 **Fax:** 802-334-5632 with  
a copy to [info@newportrecreation.org](mailto:info@newportrecreation.org)