

**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:** _____

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 PARKS & RECREATION
 Jessica Booth, Director
 JBooth@NewportRecreation.org
 (802)334-6345

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

Reviewed – Do not recommend approval.

Signature: _____ Date: _____



NEWPORT POLICE DEPARTMENT
 Travis Bingham, Lieutenant
 Travis.Bingham@newportpd.org
 (802)334-6733

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

Reviewed – Do not recommend approval.

Signature: _____ Date: _____



NEWPORT FIRE DEPARTMENT
 Jamie LeClair, Chief
 Jamie.LeClair@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
 (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 **Phone:** 802-334-2112 **Fax:** 802-334-5632