

SPECIAL USE PERMIT APPLICATION - Board Rooms

Submit to: Administrative Assistant
Port of Newport
600 SE Bay Blvd.
Newport, Oregon 97365
gtucker@portofnewport.com

**SUP CHECKLIST
(Port Use Only)**

- Application & App Fee
- Facility Supervisor Review
- Security Review
- General Manager Review
- Usage Fee
- Insurance Certificate
- SUP Issued

This application must be completed, signed, and submitted with a nonrefundable \$131.77 application fee, to be paid in cash, by check or by credit card. Any usage fees required of the applicant must be submitted in full at least one week (10-days) prior to the event. Any request for a full or partial waiver of the usage fees must be submitted with this application. The criteria used to evaluate a waiver request are listed below.

Permittee will be required to carry comprehensive general liability insurance with, at a minimum, limits of \$2,000,000.00 per occurrence and \$2,000,000.00 in aggregate, and will provide the Port of Newport with a Certificate of Insurance naming the Port as an additional insured, subject to confirmation. Additional coverage or limits may be required at the discretion of the General Manager. The Certificate of Insurance must be received by the Port at least one week (10-days) prior to the event.

Event Name: _____

Event Date(s) and Time(s): _____

Set-up Date and Start Time: _____

Take-down Date and End Time: _____

Estimated Number of Participants: _____

Applicant/Signer: _____

Mailing Address: _____

Telephone: _____

E-mail: _____

Contact Person (if different than applicant): _____

Contact Person's address, phone number and e-mail: _____

Please provide a detailed description of the event:

The following criteria may be used by the Port management to fully or partially waive the usage fee.

Is the applicant a non-profit or for-profit entity? _____

Will proceeds from the event be donated to charitable causes? If so, what percentage of the proceeds will be donated and to which charitable causes?

Does the event provide any direct benefit to the Port? Please describe.

Please indicate if you are requesting a full or partial waiver of the usage fee, and explain the reasons for the request based upon the above criteria:

Submitted by: _____
(Signature)

USAGE FEE SCHEDULE

Length	FEE
Hourly	\$50
Full Day	\$200

To submit electronically, save as **Date - SUP Application** and Submit Application to:

gtucker@portofnewport.com

Payment made be made over the phone by credit card, or mailed in by check.