

SPECIAL USE PERMIT APPLICATION

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

**SUP CHECKLIST
(Port Use Only)**

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

This application must be completed, signed, and submitted with a nonrefundable \$110.00 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 (7-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. Applications should be submitted far enough in advance of the event to allow the Port to determine the impact of the event on Port property and other Port guests and / or moorage holders. *At least 45 days' notice is recommended.*

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 (7-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: _____

Location: _____

Facilities to be used: _____

Estimated Number of Participants: _____ Contestants: _____

Vendors/Volunteers: _____

Attendees: _____

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, and attach a map of the location(s) if applicable:

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?

What other facilities or services will be requested from the Port?

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

How will the Port of Newport be featured in your marketing/sponsorship promotions?

___ Logo placement on website

___ Link to the Port of Newport on website

___ Logo on event shirt

___ Banner displayed at event

___ Booth space at event

___ Goodie Bag insert

___ Mention in radio advertising

Other (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

PARTICIPANTS	NUMBER (reasonable estimate)	FEE
Attendees, Contestants, Volunteers at Event	1-200	\$420.00
	201-500	\$683.00
	501-1000	\$945.00
	1,001- 5000	\$1470.00
	5,001-10,000	\$1,995.00
	10,001 – 20,000	\$2,520.00
	More than 20,000	\$5,250.00
Vendors	N/A	\$50/ per vendor
Port of Newport Fees (e.g. moorage)		

To submit electronically, save as **YOURNAME.supapp** and Submit Application to:

khewitt@portofnewport.com

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