

**SPECIAL USE PERMIT APPLICATION**

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

**This application must be completed, signed, and submitted with a nonrefundable \$158.12 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?

- |   |   |
|---|---|
| <input type="checkbox"/> Logo placement on website    | <input type="checkbox"/> Link to the Port of Newport on website |
| <input type="checkbox"/> Logo on event shirt          | <input type="checkbox"/> Banner displayed at event              |
| <input type="checkbox"/> Booth space at event         | <input type="checkbox"/> Goodie Bag insert                      |
| <input type="checkbox"/> 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	\$603.67
	201-500	\$981.62
	501-1000	\$1,358.15
	1,001- 5000	\$2,112.69
	5,001-10,000	\$2,867.24
	10,001 – 20,000	\$3,621.71
	More than 20,000	\$7,544.85
Vendors	N/A	\$71.90/ per vendor

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

[gtucker@portofnewport.com](mailto:gtucker@portofnewport.com)

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