City of Newport, Rhode Island APPLICATION FOR A SPECIAL EVENT LICENSE

DATE:
EVENT TITLE/TYPE:
LOCATION OF EVENT:
Date(s) of Event:
Hours of Event:
Holder of Event & DBA:
Signature of Holder of Event:
Printed Name: E-mail address: Title:
Address of Holder of Event:
Business Telephone: Residence Telephone:
Is Organization Non-Profit?
Is there a charge for admission?
Is event to be on City, State, or Private Property?
Name of Property Owner of Event Site:
Signature of Property Owner:
Printed Name of Property Owner:
Will Event be Indoors or Outdoors? (If outdoors, a Plan must be attached.)
Will Trash Barrels & Pick-up be provided:

EVENT HOLDER ______APPLICATION FOR A SPECIAL EVENT LICENSE (Page 2)

If Outdoors, will toilet facilities be provided?
If so, location of toilet facilities: (Include on plan)
Will a tent be erected? COPY OF TENT PERMIT MUST BE ATTACHED. (Include on plan)
Expected Attendance: Seating Capacity:
Is parking available: For how many vehicles?
CONCERT
List types of musical instruments:
DANCE DEEJAY Amplification:
SPORTING EVENT Type:
Set-up Dates (Sporting events only):
PLAY If yes, what type:
CARNIVAL CIRCUS Will there be animals?
If yes, types of animals:
SHOW OR EXHIBITION: Type:
OTHER (describe)
Are required approvals attached, e.g., State, Recreation Dept.?
Is a street closing being requested? If yes- attach site plan
Will food be prepared on the premises?
If so, is Health Dept. Inspection Approval attached?

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Will LIQUOR be served?	
If yes, will you be applying for a Class F or F-1 Liquor L	icense?
If not, will another's license be used?	
If so, whose?	
Will there be gambling, e.g., bingo, raffle, etc.?	Do you have State Police Approval?
<u>List Names of Vendors</u>	Item to be Furnished
<u>For Retail Sales</u> – Have you completed a "Promoter's Ap Event" with RI Division of Taxation? (Contact No.: 22)	
<u>FIREWORKS</u>	
Pyrotechnic Company	<u> </u>
Do you have approval from the Newport Fire Marshal?	
Location from where fireworks will be shot:	
Time fireworks will begin: Duratio	n:
ROAD RACE, WALK-A-THON, ETC. On Roadway	y(s) On Sidewalk(s)
Has notification been made to residents along the route? Have temporary signs been posted?(Signs must b	
SPECIFIC ROUTE:	

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Applicant's Name:		Event:	
Event Address:		·	
Dates/Hours:			
SUBJECT TO COMPLIANCE	E WITH ORD. #31-80, 9	8-40, & §5.70.070	
LICENSE FEE:	**		
Non-profit (501-c-3) Religious Organization All Others Temporary Mass Gathering (1)	Without Admission With Admission MFET)	\$10.00 per event per day \$15.00 per day \$10.00 per event per day \$25.00 per day \$300 per event (paid by event organizer)	1
or an annual license fee, which shall be an additional holiday those vendors who do not have	thever is applicable, there so license fee of \$5.00 per very we an annual City of Newpo	endors, in addition to either the fee identified shall be a daily charge of \$10.00 per vendor. endor if the date of the event falls on a holida ort Holiday Selling License. (For those vende, there shall be no additional fee.) USE ONLY	There by for
Number of Days of E	vent:		
Filing/Inspection Fee:	<u>\$15.00</u>	Date Paid:	
License Fee: Amoun	t Paid	Date Paid:	
Vendor Fee: Amoun	t Paid	Date Paid:	
ACTION OF COUNC	CIL:	DATE:	
CONDITIONS OF SE	'ECIAL EVENT LICENS	E:	
		THE CITY COUNCIL ON SEPTEMBER 9,	
		RY. PLEASE SIGN BELOW STATING YO)U
HAVE RECEIVED A COPY	OF THE ORDINANCE A	AND INFORMATION SHEET.	
RECEIVED BY:		DATE:	