



STYRON SQUARE OUTDOOR EVENT AND ENTERTAINMENT APPLICATION

<p>PORT WARWICK CONSERVANCY 125 Herman Melville Avenue Newport News, VA 23606 Phone: 757 875 9351</p>	<p>OFFICE USE ONLY Application Number _____ Date _____ Application Fee paid: Yes No Insurance: ___ Received Date _____ Event Fees Paid Yes No Permits Received Yes No Licenses Received Yes No</p>
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Applicant: Please answer all questions, Indicate N/A if question does not apply to your event.

The information requested on the Event Application Form will be used to determine your eligibility to obtain a permit or permits required for your event. Any misrepresentation in this application or deviation from the final permit conditions may result in immediate revocation of the permit, the halting or cancellation of the Event, loss of Deposits and possible loss of privilege to host/hold events in the future.

Please refer to the Site Rental and Equipment Fee Schedule attached for applicable fees for your event.

APPLICATION/ ORGANIZATION INFORMATION

Applicant's Name: _____

Are you 18 years or older? ___Yes ___No Are you representing yourself? ___Yes ___No

Have you applied to rent Styron Square previously? ___Yes ___No

Are you a member of The Port Warwick Conservancy ___Yes ___No

Are you representing an organization? ___Yes ___No

If so, is it a Non-Profit with a 501(c)(3) status? ___Yes ___No If yes ID Number _____

Attach a copy of the 501(c)(3) Certificate to your application.

Organization's Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Day Phone: _____ Evening Phone: _____

Onsite Contact For day of Event

You are required to have a person onsite for all set up, and breakdown as well as throughout the event.

Contact Name: _____

On site Cellular: _____ Phone: _____

Pager: _____ Email: _____

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Alternate Contact Name: _____

On site Cellular: _____ Phone: _____

Pager: _____ Email: _____

ON SITE COMMUNICATIONS DURING EVENT

Will You use Radio Communications? ___Yes ___No

Radio Provided by PWF Staff ___Yes ___No

EVENT AND ENTERTAINMENT INFORMATION

Please check all that apply. This event is a:

___ Festival ___ Concert ___ Sporting Event ___ Health Event/Walk/Run

___ Wedding ___ Wedding Reception ___ Private Party/Event

Other: Please explain: _____

The event is: ___ Private – by Invitation Only ___ open to the General Public

The Event will be held on what area of Styron Square?

___ Area 1 ___ Area 2 ___ Area 3 ___ Area 4 ___ Pavilion

___ all of Styron Square

Event Name: _____

Description and Purpose of Event: _____

➤ **Lay out:** Please attach site plan, maps, diagram, etc. of event layout and plans

EVENT AT A GLANCE

Please indicate below the activities your event will include.

➤ **Please indicate whether the following items pertain to your event and please circle all that apply. In the case of multiples please indicate number (e.g. 5 tents):**

Admission/Participation charge	Yes	No
Food/Retail/Vending	Yes	No
Food Service (catering)	Yes	No
Alcohol (includes any and all – Beer, Wine and Liquor)	Yes	No
Amplified Sound	Yes	No
Lighting	Yes	No
Live Music/Band	Yes	No
DJ/Recorded Music	Yes	No
Public Address System	Yes	No
Tents	Yes	No

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Stages	Yes	No
Dance Floor	Yes	No
Flowers/Décor	Yes	No
Bleachers	Yes	No
Event Directional/Advertising Signage	Yes	No
Banners	Yes	No
Amusements/Rides	Yes	No
Valet Parking	Yes	No
Street Closure or Sidewalk Use	Yes	No
Vehicles/Trailers On Site	Yes	No
Electricity Needed	Yes	No
Generator	Yes	No
First Aid	Yes	No
NN Police for Security	Yes	No
Portable Toilets	Yes	No
Dumpster Use	Yes	No

EVENT DATE	SET UP TIME	START TIME	END TIME	BREAKDOWN TIME	ESTIMATED ATTENDANCE

RAIN DATES:			
RAIN TIMES			

ANTICIPATED NUMBER OF ATTENDEES:

Participants: ___ 1-5 ___ 5-10 ___ 10-20 ___ 20-50 ___ 50-100

Attendees/Spectators: ___ 0-100 ___ 100- 250 ___ 250-500 ___ 500-750 ___ Over 750

Please indicate how many times this event/activity has been held/hosted before:

___ First Time ___ 2-4 Times ___ 5+ Times

Where held? _____

Contact Name: _____ Phone Number: _____

ADMISSION/PARTICIPATION CHARGE:

How much are the admission/participation charges? Daily/weekend

- **Note:** Any event charging agate admission is subject to an Admission Tax. For more information please contact the City of Newport News Commissioner of Revenue office at 757 926 8752.

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PORT WARWICK SHOPS AND RESTAURANTS SUPPORT:

Will you be using any of the Port Warwick shops and Restaurants at or for your Event?

Yes No

If so, in the space provided below please list the stores and explain how they will be participatingvent: _____

*FOOD, NON FOOD AND OTHER VENDOR INFORMATION:

FOODS – Please check and complete all that apply:

Food will be: served Sold Catered

Prepared Outdoors (gas, electric, charcoal, other) Prepared in Church Kitchen

Prepared in School Cafeteria Prepared and Delivered from Another Location

- All food Vendors must provide proof of Insurance and meet the requirements of the commissioner of Revenue's office, Health Department and Fire Marshall

Food Dates: _____ **Times:** _____

*Please fill out attached Vendor Information Sheets – one for each vendor

A Vendor is anyone or any company who is providing services (e.g. music, staging), serving, sampling food and or beverages (including alcohol), or merchandise.

NON FOOD

A separate Vendor information sheet shall be completed for each vendor participating in the event

ALCOHOL:

Alcohol information MUST be completed regardless of whether the event is public or private. The serving of alcohol will require an increased Certificate of Insurance - \$3,000,000.00 and listing The Port Warwick Conservancy as Additional Insured.

Type: Draft Beer Canned/Bottled Beer Wine Liquor

Will Be: Sold Served

- All Alcohol Vendors must provide proof of Insurance and meet the requirements of the Department of Alcoholic Beverage Control

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- All Events with alcohol are required to have Newport news Police Officers on site during the event. The number of Police officers required will be based on the anticipated Event attendance or as deemed necessary by the Port Warwick Conservancy and the Newport News Police Department. Please contact the Newport News Police Department to make these arrangements (Sgt Parker and Sgt Nowack)– 757 928 4770 or 757 928 4112.

Dates: _____ Times: _____

AMPLIFIED MUSIC/SOUND

This includes live Music/Band and DJ/Recorded Music

Please indicate the start and end times: _____ AM/PM to _____ AM/PM
 Sound Check Time: _____ AM/PM

PUBLIC ADDRESS SYSTEM

Please indicate the start and end times: _____ AM/PM to _____ AM/PM
 Sound Check Time: _____ AM/PM

LIGHTING

Please indicate the type and number of special lighting equipment and lighting effects you will have at your event and the power requirements. _____

Please indicate when lights will be set up: _____ AM/PM and removed _____ AM/PM
 Will you bring a generator _____

STRUCTURES, TENTS, BLEACHERS AND STAGES

TENTS: Please provide an overview of your tent plan/ List tent type (by Code), Number of tents and there sizes to be installed for your event.

Tent Codes: **C**= cooking underneath; **GA**= General assembly (requires floor plan showing exits); **S**= sales of food, products, merchandise, etc.

TENT CODE	NUMBER OF TENTS	SIZES	SUPPLIER	CONTACT PHONE NUMBER

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- Per the City of Newport news any tent of structure over 900 Square feet requires a permit from the City of Newport news Engineering Department. All permit requests must be submitted a minimum of 30 days prior to your event. Please contact the Department of Engineering - Nicole Brock - at 757 926 8139

STAGES/DANCE FLOORS: If your event will have staging please provide the type (dance floor, raised, etc.) the sizes, supplier and contact information

TYPE	SIZES	SUPPLIER	CONTACT PHONE NUMBER

BLEACHERS: if your event will have bleachers/risers please provide the type of bleacher, size and supplier.

BLEACHER TYPE	SIZES	SUPPLIER	CONTACT PHONE NUMBER

SECURITY: Newport News Police Department is to be contacted to schedule Uniformed Presence by Newport News Police Officers /Off Duty Police Officers .

Security is required when the following is scheduled for your event:

- Alcohol is being served and/or sold
- Your event is open to the public
- Over 250 people are attending/participating in your event (please see requirements for number of NN Police required based on number of attendees)
- Materials, equipment is left overnight
- Live entertainment is provided

Please describe your Security Plan: _____

Scheduled times for Newport News Police _____

Number of Officers _____ Contact Name: _____ Phone _____

AMUSEMENTS/RIDES

Please list type of amusement or ride – including inflatable devices

- The port Warwick Conservancy must be listed as an Additional Insured on all amusements/rides Insurance and the Insurance must be in the amount of a minimum of \$10,000,000.00 Combined Single Limit/per occurrence.

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RESTROOMS AND WASTE DISPOSAL

RESTROOMS

There are no restroom facilities outside. Rental of portable restrooms are required for all events. If this is a public event you are required to provide a minimum of one handicapped accessible portable restroom. Types include: **H**= Handicapped Accessible and **S** =Standard

Note: All portable restrooms are to be placed in the Port Warwick Conservancy Parking area adjacent to 165 Herman Melville Avenue

Restroom Type	Number you will Provide	Delivery Date and Time	Pick up Date and Time	Vendor Name	Vendor Contact Phone Number

WASTE/TRASH DISPOSAL

You are responsible for your own trash disposal of any trash receptacles specific to your event when using Styron Square.

Please note the number of Trash Receptacles you will provide and the type – plastic covered cardboard with plastic liners, dumpster (for large events) for trash removal.

Type Trash Receptacles	Number you will Provide	Delivery Date and Time	Pick up Date and Time	Vendor Name	Vendor Contact Phone Number

Please describe your cleanup plan _____

BANNERS AND SIGNS

Please provide us with an overview of you banner and sign plan and a copy of the sign and/or banner to be installed. List type, number, and location of banners as well as installation and removal dates and times. Banners and signs may only be affixed with zip ties.

Type of Banner or Sign Codes: **DI**= directional or Informational; **SP**= Sponsorship; **OT**=Other (please explain other)

Location for Banner and Sign Codes: **ES**= within Event Site; **SSC**= Styron Square Chain

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Type		Number/Amount	Location	Installation Date and Time	Removal Date and Time

*You may also attach a site plan that shows location of signs

PARKING AND TRANSPORTATION

You and your organization/company are responsible for making parking arrangements with Sentara, The City of Newport News. You are required to provide confirmation of your parking authorizations. Please contact Nicole Brock at Newport News Department of Engineering (Street Closures/right of Way permits) 757 926 8139.

Street Closure/Sidewalk Use

Please describe the reasons for street closure or sidewalk use, include a map and site plan.

Please check all of the following that apply

How will people get to your event?	Where do you anticipate the event attendees will park?
Personal Vehicles	On Street/Public Parking
Shuttle/Satellite Parking	Business Parking Lot
Other	Reserved/VIP Parking
	Other

If Other please Explain _____

Satellite Parking Location _____

If Other Please Explain _____

Do you require Special Parking- for VIP RV's, trailers, Support Vehicles?

Yes No

Number of Spaces	Location	Date and Period of Time	Purpose

* Please provide plan for proposed parking

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EMERGENCY MEDICAL PLAN

Describe in Detail your emergency Medical Plan and Provide Contact names and phone/cell numbers for contact on the event day

Plan Details _____

Emergency Contact Information:

Name _____	Phone/Cell _____
Name _____	Phone/Cell _____
Name _____	Phone/Cell _____

AMERICAN WITH DISABILITIES ACT

Some events and all public events must comply with ADA Requirements. Please indicate which of the following you will have at your event. Please check all that apply.

Walks/Ramps on the Square Sign Language Translator
 hearing –Impaired Listening devices Designated Wheelchair Viewing Areas
 Handicapped Accessible Restrooms Handicapped Accessible Shuttles

OTHER PERMITS AND INSURANCE

In addition to an Outdoor Event and Entertainment permit, other City, State, Local and Private Agencies may require a permit relative to your event and for a the planned activates relating to it. Please indicate if you have applied for a Permit, or will be applying for a Permit from each Agency.

Please use the following Codes: **HA**= Have Applied; **WA**= Will Apply; **DNA**= Does Not Apply for this event.

Code	Department/Agency
	ASCAP/BMI (for music)
	Health Department(food concessions, sampling, etc.)
	Fire Department (Special Effects)

Code	Department/Agency
	Commissioner of Revenue (business License, Sporting Tax, Admission Tax, prepared Food & Beverage, etc).
	Newport News Department of Engineering(parking permits, etc)
	State Department of Taxation (Sales Tax)
	ABC Board (Alcoholic Beverages)
	Planning/Permits and Inspections (Tents, Bleachers, Amusement Devices, etc.)

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Important Contact Numbers

Virginia Department of Health (Health Permits)	757 594 7340
Commissioner of Revenue (business License, Tax Information, etc)	757 926 8752
Virginia Department of alcoholic Beverage Control (ABC License)	757 825 7830
Department of Codes Compliance (Large tent structures, signage)	757 926 8861
Newport News Fire Marshall	757 247 8873
Department of Engineering (street closures, parking permits- Nicole Brock)	757 926 8139
Police Department (On Site Security (Sgt. Nowak & Sgt. Parker)	757 928 4112
	757 926 4770

CERTIFICATE OF INSURANCE

A Certificate of Insurance (COI) is required for all events held on/at Styron Square . the Coi **must list as an ADDITIONAL INSURED The Port Warwick Conservancy.**

The COI should be for a minimum of \$1M combined single limit and per occurrence.

The COI is to be mailed a minimum of 3 weeks prior to the event to the following address:

The Port Warwick Conservancy
c/o UPA
735 Thimble Shoals Boulevard suite 1000
Newport News VA 23606

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VENDOR CONTACT INFORMATION**

1. Food Vendor:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Prepared On Site? Yes No

Delivery & Pick up: _____ **Times:** _____

2. Food Vendor:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Prepared On Site? Yes No

Delivery & Pick up: _____ **Times:** _____

3. Music/Band:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

4. Entertainment:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

5. Floral:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

6. Décor:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

7. Sound:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

8. Lighting:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

9. Movie Screen/Movies:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

10. Special Effects:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

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VENDOR CONTACT INFORMATION**

11. Wine/Beer:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

12. Alcohol:

Company Name: _____

Contact Name: _____

ABC Contact: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

13. Other Vendor:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

14. Other Vendor:

Company Name: _____

Contact Name: _____

Phone numbers: Office: _____ Home: _____

On site Cell: _____

Delivery & Pick up: _____ **Times:** _____

STYRON SQUARE EVENT WEDDING AND ENTERTAINMENT APPLICATION

APPLICATION AGREEMENT

The Port Warwick Conservancy does not guarantee the approval of any applicant. Applications are considered on a first come first serve basis. Upon approval of the application, the Applicant will be required to sign a contract with a deposit to hold a rental date on Styron Square.

- I have read and agree to abide by the Rules and Regulations of The Port Warwick Conservancy
- Provide a Certificate of Insurance will be furnished a minimum of 14 business days prior to the event stating that the Port Warwick Conservancy is listed as an Additional Insured.
- Provide Proof of Liability Insurance will be furnished for those events that include alcoholic beverage service, and amusements/rides.
- Provide Proof of insurance from all acceptable third parties (food vendors, lighting, sound, etc)will be provided
- All application and rental fees must be paid according to the Fee Schedule. (See attached)
- Observe and Comply with all laws, Rules and Regulations of the Federal, State and City governments.
- This Agreement may be terminated by the Port Warwick Conservancy at anytime upon finding a violation of any rule, regulation, ordinance and/or condition of the permit or upon good cause shown.

I have read and agree to the above terms the above information. I certify to the best of my knowledge that all information supplied on this Application is true and accurate. I will alert The Port Warwick Conservancy Contact or their Representative at least 14 days prior to Event regarding any changes that may occur.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Phone Number: _____ Cell: _____ Email: _____

Organization Name: _____

Organization Phone Number _____

**Please Return to
The Port Warwick Conservancy
191 Walt Whitman Ave
Newport News Va 23606
Phone: 757 771 9343**



**STYRON SQUARE
Site and Equipment Rental Fees**

Styron Square Usage Fees

The following Fees apply for usage of Styron Square at Port Warwick:

Rental Fees (Due at same time as related fees shown below)

- **Styron Square** **\$750.00/Day**
(Provides access to 4 quadrants and Pavilion) **\$900.00/ 2 Days**
- **Pavilion** **\$350.00/Day**
(Provides access to Pavilion and 2 quadrants (East or West)) **\$650.00/2 Days**
- **East or West Quadrants** **\$250.00/Day**
(Provides access to up to 2 quadrants of Styron Square) **\$450.00/2 Days**

EVENT	FEE	APPLICATION PROCESS TIME	Office use only
Application Fee	\$100	With application – a minimum of 30 days prior to event	
Photo Opportunity	\$75	90 days prior to event	
Wedding	\$75	90 days prior to event	
Sporting/Health Event	\$75	90 days prior to event	
Private Party	\$75	120 days prior to event	
Public Festival – 1 or 2 Day Open to the Public	\$75	120 days prior to event	
Non-Profit Fund Raiser – open to the Public	\$50	120 days prior to event	
Non- Profit Fund Raiser – Invitation only	\$25	120 days prior to event	
Outdoor Entertainment – Open to the Public	\$75	120 days prior to event	
Security Deposit - if no damage Deposit will be returned after completion and review of event	\$500	30 Days prior to event	

Fee Payment:

Styron Square Rental Fees – the check is to be made payable to the **Port Warwick Conservancy**

For your convenience we have attached included a list of preferred service and equipment Vendors.

Please note that all port Warwick Restaurants have first Right of Refusal for all Food service.

RECOMMENDED VENDORS FOR STYRON SQUARE RENTAL

Area or Item	Name	contact	Phone	e-mail & Notes
Rental – tents, tables, chairs, etc	Big Top Rental Tents, tables, chairs, generator.	Dion	875-0505	bigtopsales@verizon.net
GROUNDS	United Property Associates	Richard Duncan	757 926 5500	rduncan@unitedporperty.org
CLEAN UP	US Lawns	David Hall	757 592 0288	Grounds – clean up if needed, or empty trash. Will determine crew size needed depending on event
Golf Carts	Virginia Golf Carts	Garland Ingram	244-5202 Fax 245-6102	
Liability Insurance	Towne Insurance	Marcia Wood	436-4600	
Porta Johns	Eure Rentals	Mickey	494-8770	Eure03@aol.com Second contact – Rob Hicks/VP Cell 675-6866 Fax 494-1600
Recycle & Waste Management	TFC Recycling	David Felton	544-5529	dfelton@tfc recycling.com
Flowers & plant rental	Jeff's Flowers Of Course	Paige Kremp	930-8515	Jeffsflowers@cavtel.net

Radio Rental	Tidewater Communications	Tina Delancey	497-4321 office 449-7721 cell	
Sound	Lowder Sound Studio (located in Port Warwick)	Ron Lowder	871-1779	
Police – Community Activities Officer	NN Police	Sgt John Parker	926-4770 876-7036 cell	parkerjp@nngov.com
– Police protection & Overnight security	NN Police	Sgt. Frank Nowak	570-9088- cell 928-4112	nowakfs@nngov.com