



## AIRPORT TERMINAL MEETING ROOM APPLICATION FOR USE OF PORT FACILITIES- FEE WAIVER REQUEST

Name of Person(s) or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_

Location/Facility to be Used: \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_

Description of Event, Meeting, or Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Alcohol be served? **Yes**  **No**

(If yes, contact the state liquor control board for a special occasion license; event insurance may be required.)

**If you are requesting a waiver or reduction in fees, please respond to the following questions:**

- Are you requesting a waiver of fees? **Yes**  **No**
- Are you requesting a reduction in fees?  
(If Yes, how much? \_\_\_\_\_) **Yes**  **No**
- Is there an entry fee or other fee being charged to the public, spectators, or participants in this event/activity? **Yes**  **No**

Describe the benefit to the public for your event: \_\_\_\_\_

\_\_\_\_\_

- If fees are charged, what person or organization will receive the proceeds from this event/activity?

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Submission Acknowledgements & Info:**

**Application Acknowledgements:**

Please acknowledge your agreement with the following statements by checking the corresponding box.

- The first priority for Port facilities is to users paying the full fee.
- You may be asked to reschedule your event if a full fee paying user requests the same Port facility on the same day as your event.
- You will acknowledge the Port's fee waiver publicly at your event.
- You acknowledge that authorization for use of Port facilities is not an endorsement or approval of the activity or of your group or organization, or the purpose it represents.
- A hold harmless agreement, insurance, or other documentation may be required by the Port in addition to this application.

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**Official Use:**

Application            **Approved**     **Denied**  Reason: \_\_\_\_\_

Fee Reduction        **Approved**     **Denied**  Reason: \_\_\_\_\_

Revised Fee Authorized: \_\_\_\_\_

Fee waiver submitted to the Board of Port Commissioners for consideration on: \_\_\_\_\_  
(Date)

Manager's Name: \_\_\_\_\_

Manager's Comments: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature: \_\_\_\_\_  
(Date)

Executive Directors' Name: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_  
(Date)

Reported to Commission on Monthly Report? **Yes**     **No**

If Yes, which month?: \_\_\_\_\_