



Town of Freeport Special Events Application

(A) TYPE OF EVENT

☐ Parade ☐ Foot Race ☐ Bike Race ☐ Walk
☐ Demonstration ☐ Other _____

* Conditions or Permissions *

Applicant must check with Town Clerk to determine if other permits are necessary for this event (food vendor, insurance, etc.)

Authorizing Authority Use Only

Date received: _____

By: _____

☐ Denied ☐ Approved Date notified: _____

(B) EVENT INFORMATION

Date of event: _____ Start Time: _____ AM / PM End Time: _____ AM / PM

Location of event: _____

Indicate the approximate number of each: Participants _____ Spectator _____ Vehicles _____ Animals _____

Describe the type of event _____

A. Will the event disrupt traffic? Yes ☐ No ☐ Explain: _____

B. Will event disrupt retail business/residential area? Yes ☐ No ☐ (If yes, you must notify those business / residents)

C. Please describe any recording equipment, sound amplification equipment, banners, signs, or other attention-getting devices to be used.

D. Describe any public facilities or equipment to be utilized. _____

E. Please include any other information that you feel may be helpful in considering this application. _____

ATTACH ADDITIONAL SHEET IF NEEDED

(C) LOGISTICS

Parking: _____ Location: _____

Liquor Service: _____ (License Required) Type of License (Attach copy) _____

Food Service: _____ (Attach copy of state license) Describe arrangements for food storage, preparation, and type of cooking fuels: _____

Sanitary facilities: _____ Contractor: _____

Trash disposal: _____ Contractor: _____

Tents: Number: _____ Location(s): _____ Contractor: _____

Provide evidence that the event is authorized by the owner of the property on which the event will be held and that the owner or the person conducting the event has procured the liability insurance for the event.

Insurance: Agent: _____ Contact: _____ Limits: _____

(Attach copy of insurance rider / declaration page)

(D) ORGANIZATIONAL INFORMATION

If this event is being sponsored by an organization, please fill in this section and list the names of all authorized and responsible leaders of the organization

Organization

Name: _____

Address: _____

Phone #: _____

Responsible person #2

Name: _____

Address: _____

Phone #: _____

Responsible person #1

Name: _____

Address: _____

Phone #: _____

Responsible person #3

Name: _____

Address: _____

Phone #: _____

(E) TOWN SERVICES REQUESTED AND/OR REQUIRED

The following services are available from, or may be required by, the Town of Freeport. The applicant must determine the requested and/or required services prior to submission of the application. Whether Town services are required shall be determined by the applicable department. All fees and costs associated with these services will be the responsibility of the applicant unless a waiver of such fees and costs is sought and obtained from the Town Council.

POLICE DEPARTMENT SUPPORT
(Contact 207-865-4800)

Yes ☐ No ☐

FIRE DEPARTMENT / EMS SUPPORT
(Contact 207-865-3421)

Yes ☐ No ☐

DEPARTMENT OF PUBLIC WORKS SUPPORT
(Contact 207-865-4461)

Yes ☐ No ☐

HARBOR MASTER
(Contact 207-865-4546)

Yes ☐ No ☐

TOWN MANAGER'S OFFICE
(Contact 207-865-4743)

Yes ☐ No ☐

I hereby acknowledge and agree that the event sponsor and the participants will comply with all applicable laws of the State of Maine and the Town of Freeport, and adhere to the conditions granted by this permit.

Signature of authorized representative: _____

Printed name: _____

Date: _____

PERMIT

When signed by the authorizing authority below, this application becomes the permit for the requested activity. The event chairperson, or other person heading such activity, shall be present and shall carry this permit upon their person at all times. This application / permit must be presented upon request of a Law Enforcement Officer.

TOWN OF FREEPORT USE ONLY

POLICE

Approved as submitted: _____
Chief of Police / Designee

Approved with Conditions: _____
Chief of Police / Designee

Conditions: _____

FIRE

Approved as submitted: _____
Fire Chief / Designee

Approved with Conditions: _____
Fire Chief / Designee

Conditions: _____

PUBLIC WORKS

Approved as submitted: _____
Public Works Director / Designee

Approved with Conditions: _____
Public Works Director / Designee

Conditions: _____

HARBOR MASTER

Approved as submitted: _____
Harbor Master / Designee

Approved with Conditions: _____
Harbor Master / Designee

Conditions: _____

TOWN MANAGER

Approved as submitted: _____
Town Manager / Designee

Approved with Conditions: _____
Town Manger / Designee

Conditions: _____
