



# 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 the Town Managers Office 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 or maps 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 #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Responsible person #1**

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

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

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Responsible person #2**

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

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

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Responsible person #3**

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

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

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(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** Yes  No   
(Contact 207-865-4800)

**FIRE DEPARTMENT / EMS SUPPORT** Yes  No   
(Contact 207-865-3421)

**DEPARTMENT OF PUPLIC WORKS SUPPORT** Yes  No   
(Contact 207-865-4461)

**HARBOR MASTER** Yes  No   
(Contact 207-865-4546)

**TOWN MANAGER'S OFFICE** Yes  No   
(Contact 207-865-4743)

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: \_\_\_\_\_

**\* RETURN COMPLETED FORM TO THE FREEPORT POLICE DEPARTMENT AT LEAST \*  
30 DAYS PRIOR TO THE EVENT 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'S OFFICE**

Approved as submitted: \_\_\_\_\_  
Town Manager / Designee

Approved with Conditions: \_\_\_\_\_  
Town Manger / Designee

Conditions: \_\_\_\_\_  
\_\_\_\_\_



**FREEPORT PUBLIC WORKS DEPARTMENT**  
30 Main St  
Freeport, ME 04032  
Phone 865-4461 / Fax 865-0244  
**DETAIL AGREEMENT**

I understand that the hourly rate for details is \$30.00 per hour with a minimum of 3 hours (\$90.00). If a Public Works Employee is not requested and you wish to borrow any materials, such as cones, barricades and signs. You may do so by filling out the loan agreement on page 2 of this agreement.

Signed & agreed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Group Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell / Work: \_\_\_\_\_

Function date: \_\_\_\_\_ Time: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Details of event: \_\_\_\_\_

Bill to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

- ◆ If a Public Works vehicle is needed during the event or to set up the materials there will be an additional \$25.00 fee.



**FREEPORT PUBLIC WORKS DEPARTMENT**

30 Main St  
Freeport, ME 04032  
Phone 865-4461 / Fax 865-0244  
**LOAN AGREEMENT**

Any materials on loan from the Freeport Public Works Department will be the responsibility of the undersigned.

Any lost or damaged materials will be billed at the current prices.

All material must be returned to the Public Works Department 7 Hunter Road, within two working days after the event.

**MATERIALS ON LOAN:**

*Quantity and type*

- CONES: \_\_\_\_\_
- BARRICADES: \_\_\_\_\_
- SIGNS: \_\_\_\_\_
- OTHER: \_\_\_\_\_

**Date of event:** \_\_\_\_\_

**Pick up date:** \_\_\_\_\_

**Responsible person:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Authorizing Authority Use Only**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**Return date:** \_\_\_\_\_