



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 maps and any other information or 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

(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: _____

**RETURN COMPLETED APPLICATION PACKET 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.



FREEPORT POLICE DEPARTMENT

16 Main Street
Freeport, ME 04032
207-865-4800 / Fax 207-865-2901
LOAN AGREEMENT

Any materials on loan from the Freeport Police 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 Freeport Police Department 16 Main St, within two working days after the event.

MATERIALS ON LOAN:

☐ **NO PARKING SIGNS** mounted to stakes: _____
Quantity

☐ **HAVE A HEART TRAP** Location: _____
Address

***If you require cones, or barricades please fill out the Public Works Loan Agreement.
All loan agreements must be turned into the Freeport Police Department.**

Pick up date: _____

Responsible person: _____

Address: _____

Phone number: _____

Authorizing Authority Use Only

Authorized by: _____ **Date:** _____

Return date: _____

**FREEPORT PUBLIC WORKS DEPARTMENT**

7 Hunter Road

Freeport, ME 04032

Phone 865-4461 / Fax 865-0244

DETAIL AGREEMENT

I understand that the hourly rate for details is \$30.00 per hour per employee needed 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 or signs, you may do so by filling out the **Loan Agreement** with the Police Department. If a Public Works vehicle is needed during the event or to set up the materials there will be an additional fee of \$25.00 per hour per vehicle.

Signed & Agreed by: _____ Date: _____

Print Name: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____ Cell: _____

Function Date: _____ Time: (from) _____ (to) _____

Event: _____

Event Location: _____

Details of Event: _____

Bill to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DETAILS REQUESTED: _____ X # Hours (min. 3 hours) _____ X \$30.00/hr = _____

Fee for Public Works vehicle(s) @\$25.00/hour/vehicle (if needed): _____

TOTAL FEE: _____

Authorizing Authority Use Only

Authorized by:

Public Works Department: _____ Date: _____ Total\$/Check#: _____



FREEPORT PUBLIC WORKS DEPARTMENT

LOAN AGREEMENT

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

The undersigned is responsible for the pick-up and return of all loaned materials from and to the Public Works Department during normal business hours.

The undersigned will be responsible for any lost or damaged materials which will be billed at the current prices.

MATERIALS ON LOAN:

Quantity and type

☐ **CONES:** _____

☐ **BARRICADES:** _____

☐ **SIGNS:** _____

Date & Time of event: _____

Event Location: _____

Pick up date: _____

Return date: _____

Responsible person: _____

(Print Name)

(Signature)

Mailing address: _____

Phone number: _____

Authorizing Authority Use Only

Authorized by:

Police Department: _____

Date: _____

Public Works Department: _____

Date: _____