

Updated September 5, 2019



Town of Freeport
30 Main Street
FREEPORT, ME 04032
(207) 865-4743 FAX 865-0929

Request for Use of Town Property

Please note: All requests for groups/individuals to use town property need to be approved by the Town Council at a regularly scheduled Town Council meeting. Requests must be submitted two weeks prior to the Town Council Meeting in order to be placed on the Agenda (Please contact the Town Manager's office at 865-4743 x121 or check the Town's Website at www.freeportmaine.com for Town Council meeting schedule).*

Day/Date(s) of Event Saturday, Aug 6 & Sept 3 Location Memorial Park

Arrival Time 9am Time of Activity 12pm - 4pm End Time 6pm

Name of Event Music in Memorial Park

Description of Event Free concert for general public

List all activities & equipment/materials to be used on town property (food/retail sales, portable potties, etc.) stage, power cords, musicians, instruments, microphones, amps
Please note that Food Carts are NOT allowed on public property. stools for musicians

A Detailed Plan/Diagram of all event activities must be included with your request.
see attached

If event is anticipated to affect traffic in any way (e.g. road race) or number of participants is expected to exceed 250, a Special Event Permit from the Freeport Police Department is required. N/A

Organization/Individual making request Arts & Cultural Alliance of Freeport
 Non-Profit Profit

Contact/Title Dana Legawiec, Exec Director

Address 40 Main St Freeport ME 04032

Day Phone _____ Cell Phone 323-428-7420 Email director@freeportartsandculture.org

- * Requests for Winslow Memorial Park Group Shelters are approved by the Winslow Park Manager. Contact Neil Lyman, Park Manager, at 865-9052 or 865-4198 for more information.
- * Bow Street Park Requests must be pre-approved by the Town Clerk prior to submission of this form (Christine Wolfe, 865-4743 x123).

RULES & REQUIREMENTS

Groups/individuals are required to provide proof of liability insurance - \$400,000 Bodily Injury & Property Damage naming the town as additional insured*.

If alcohol is to be served, a caterer is required and the caterer is also required to show proof of insurance with both General Liability and liquor liability and naming the town as additional insured.

For events where alcohol is to be served, an off duty Freeport police officer is required to be present for the duration of the event, to be hired at the expense of the applicant.

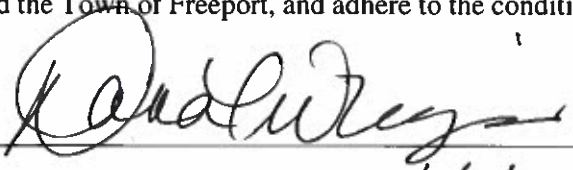
The Town shall indemnify and hold harmless the USER from claims, suits or liabilities resulting from the negligence of the Town, its officers, agents and employees. The USER shall indemnify and hold harmless the Town its officers, agents and employees from claims, suits or liabilities resulting from the negligence of the USER.

The USER shall hold harmless, indemnify and defend the Town against liabilities, expenses and losses imposed upon them as a result of the negligent actions or inaction of the USER related to its use or operation of the premises. The Town shall hold harmless, indemnify and defend the USER against liabilities, expenses and losses imposed upon them as a result of the actions or inaction of the Town's employees, officers or agents related to its ownership of the Premises. This obligation to indemnify shall not waive any defense immunity or limitation of liability, which may be available to the USER, under the Maine Tort Claims Act pursuant to the provisions of 14 MRSA Section 8101 et seq. or any other privileges or immunities as may be provided by law.

****If the group does not currently have insurance they may check with their personal agent or purchase it through the TULIP program at www.ebi-ins.com/tulip.
The Town's TULIP ID number is 0419-005**

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 application.

Signature of authorized representative: _____



Printed name: Dana Legawiec

Date: 6/7/22

*** RETURN COMPLETED FORM & CERTIFICATE OF INSURANCE TO THE FREEPORT TOWN MANAGER'S OFFICE AT LEAST TWO WEEKS PRIOR TO THE TOWN COUNCIL MEETING AGENDA YOU WANT YOUR REQUEST TO BE CONSIDERED.**

Authorizing Authority Use Only

Date received: _____

By: _____

Denied Approved Approved with conditions Date notified: _____

Conditions: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Clark Insurance 1945 Congress Street, Bldg A PO Box 3543 Portland, ME 04104-3543	CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994 E-MAIL ADDRESS: info@clarkinsurance.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : United States Liability Ins. Co.		
INSURER B : Maine Employers Mutual Ins Co		11149
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

Arts & Cultural Alliance of Freeport
 181 Main Street
 Freeport, ME 04032

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NBP2553755	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NBP2553755	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1810116699	8/27/2021	8/27/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

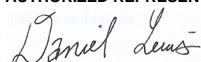
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is an additional insured with regards to the insureds ongoing operations if required by written contract.

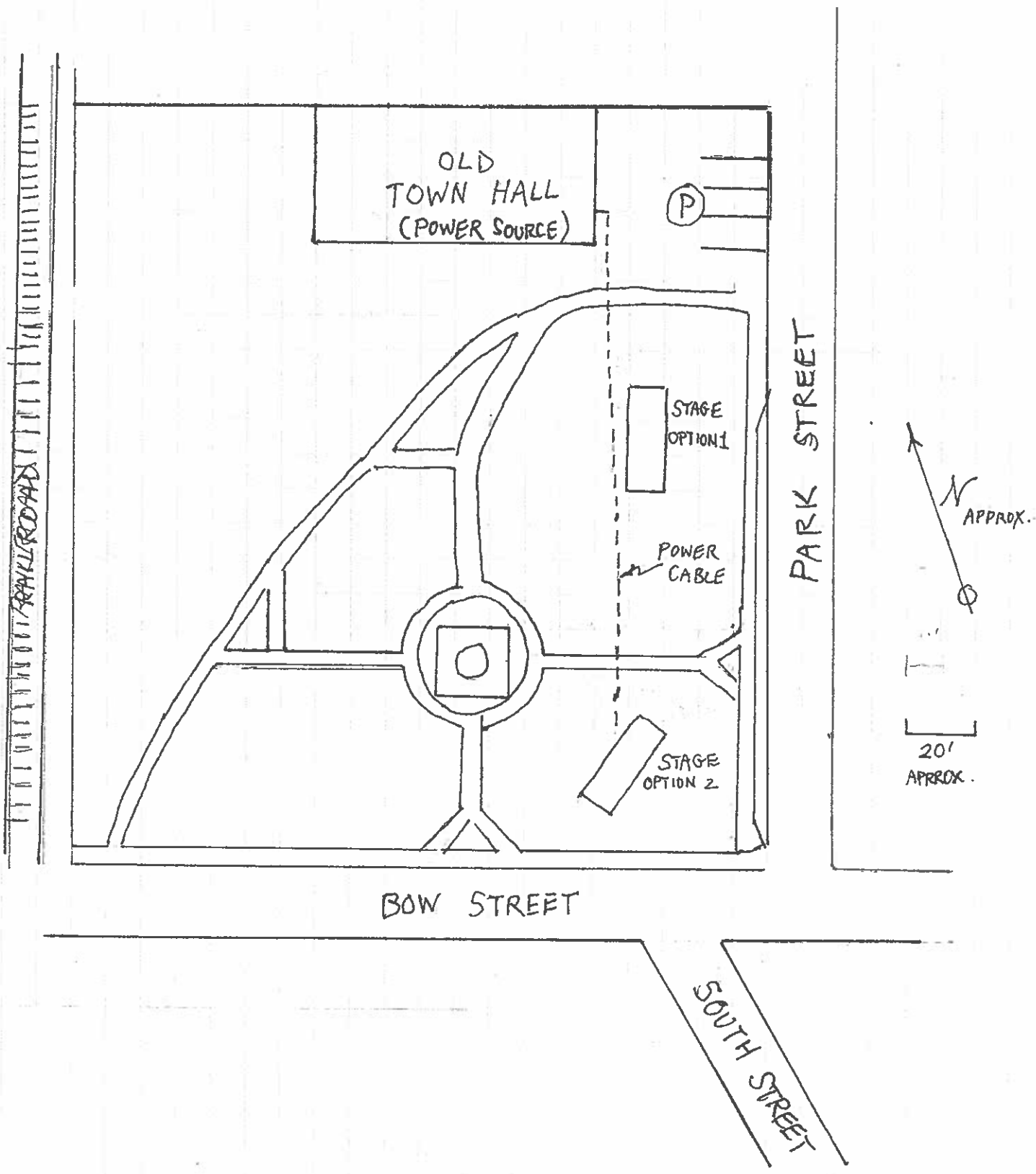
CERTIFICATE HOLDER**CANCELLATION**

Town of Freeport
 30 Main St
 Freeport, ME 04032

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





June 14, 2022

To: Christine Wolfe
From: John Albright
Re: Diagram Amendment to ACAF's permit application for
Concerts in Memorial Park.

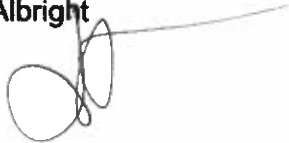
Hi Christine,

After additional conversation and thinking, we collectively arrived at a preferred location for the stage for ACAF's concerts in Memorial Park. This new location is in the northwest corner of the park, nearer to the Old Town Hall, which will mean a shorter cable run for needed power. It also will buffer the stage better from Bow and Park Street traffic.

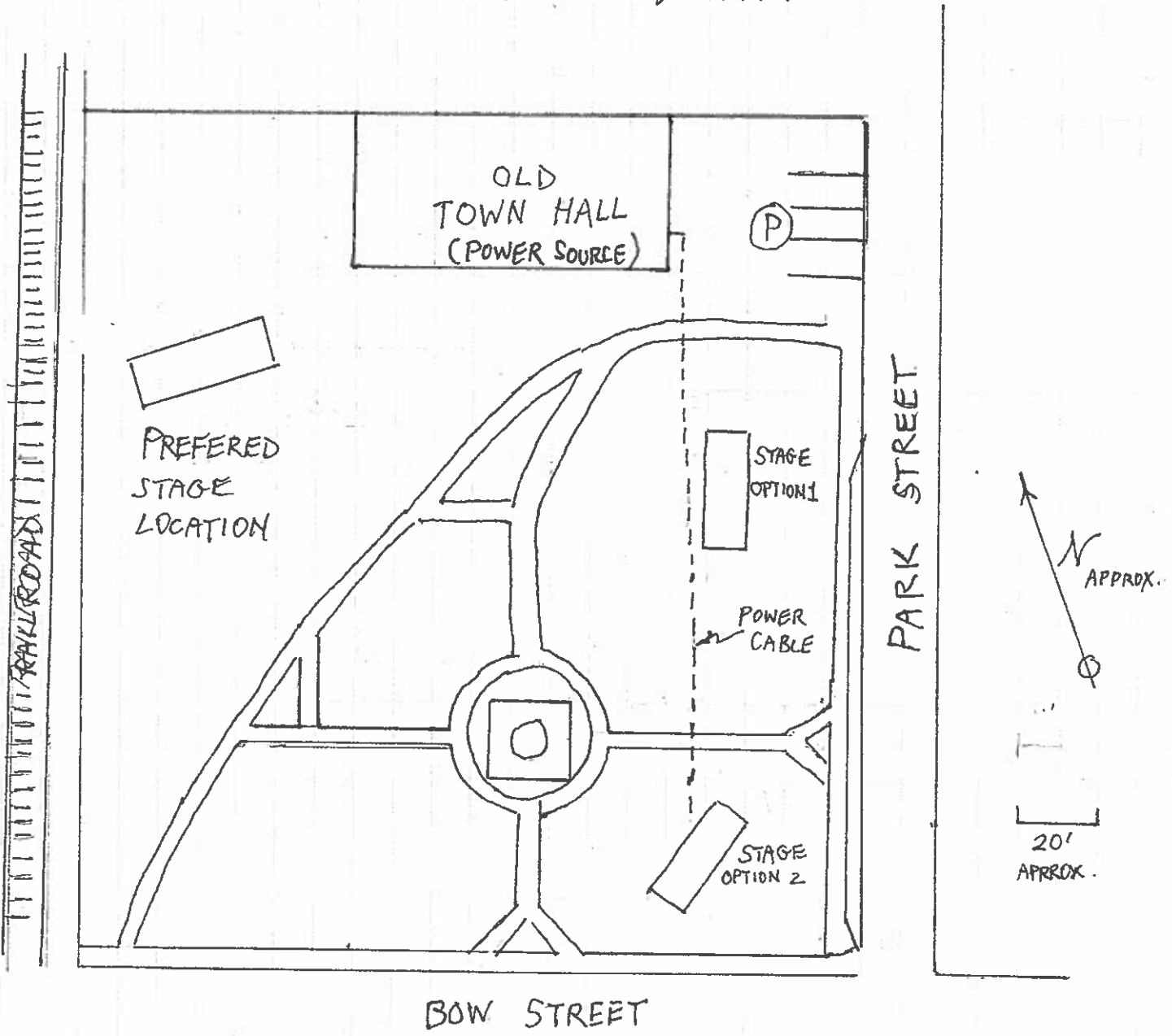
Please let me know if you have questions or concerns.

Thanks very much,

John Albright

A handwritten signature in black ink, appearing to be 'John Albright', with a long horizontal line extending to the right.

MEMORIAL PARK CONCERT DIAGRAM



AMENDED JUNE 14, 2022
TO SHOW PREFERRED STAGE
LOCATION.

FOR ACAF Application for
concert in Memorial Park