

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](http://www.freeportmaine.com) for Town Council meeting schedule).

See attached!

Day/Date(s) of Event June 1, July 6, Aug 3, Sept 7, & Aug 25 Location Memorial Park

Arrival Time 11am Time of Activity 12-4pm End Time 5pm

Name of Event Meeti'house into "Music in the Park"

Description of Event Free concerts 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, amp, chairs/stools.

Please note that Food Carts are NOT allowed on public property.

A Detailed Plan/Diagram of all event activities must be included with your request.  
See attached drawing of position for town installed platf

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 Meeti'house into

Non-Profit  Profit

Contact/Title Suzanne Watson

Address 40 Main St., Freeport, ME 04032

Day Phone 207 712 3016 Cell Phone same Email director@meetihouse.com

- \* 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).

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**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](http://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: Suzanne Watson  
Printed name: SUZANNE WATSON Date: 12/30/23

**\* 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: \_\_\_\_\_

Handwritten text, possibly a signature or name, located in the lower middle section of the page.

## **Dates for Memorial Park Performances by Meetinghouse Arts**

Sat. June 1 – 10 am to 5 pm for performances (in conjunction with Makers on Main)

Sat. July 6 – 10 am to 5 pm for performances (in conjunction with Makers on Main)

Sat. Aug 3 – 10 am to 5 pm for performances (in conjunction with Makers on Main)

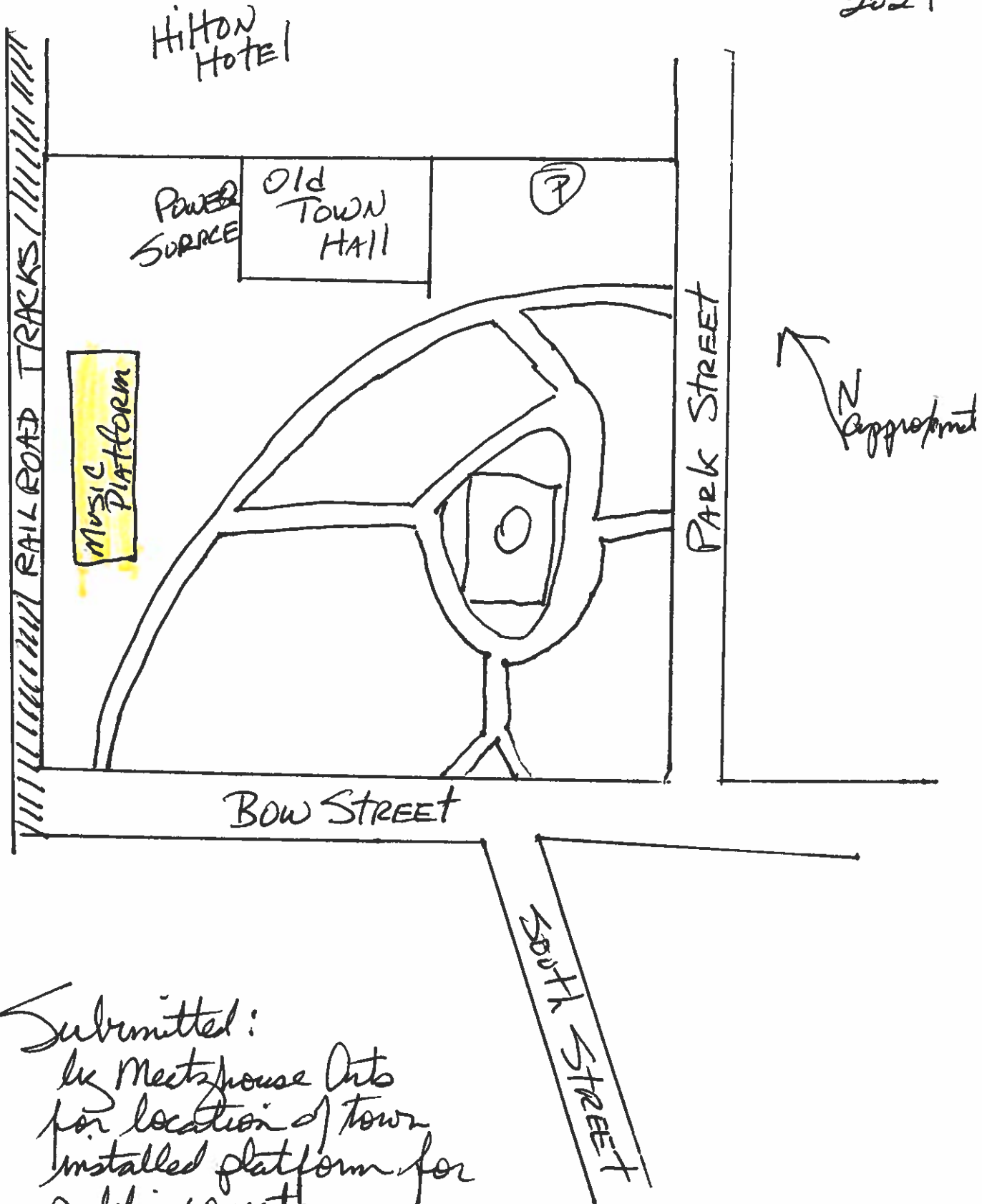
Sunday Aug 25 – 11 am to 4 pm for US Navy Band performance

Sat. Sept 7 – 10 am to 5 pm for performances (in conjunction with Makers on Main)

Friday Sept. 27 – 4 pm to 9 pm for performances



# MEMORIAL PARK CONCERT DIAGRAM 2024



Submitted:  
by Metzhouse Arts  
for location of town  
installed platform for  
public concerts.



Handwritten notes in a cursive script, likely describing the components or the assembly process. The text is mostly illegible due to fading and the cursive style.





FREEART-01

MBOLDU

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2024

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).

<b>PRODUCER</b> Clark Insurance 1945 Congress Street, Bldg A PO Box 3543 Portland, ME 04104-3543	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(207) 774-6257</b> F-MAIL ADDRESS: <b>info@clarkinsurance.com</b> FAX (A/C, No): <b>(207) 774-2994</b>														
<b>INSURED</b> Meetinghouse Arts 5 Depot St. Suite #12 Freeport, ME 04032	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>United States Liability Ins. Co.</b></td> <td></td> </tr> <tr> <td>INSURER B : <b>Maine Employers Mutual Ins Co</b></td> <td style="text-align: center;">11149</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>United States Liability Ins. Co.</b>		INSURER B : <b>Maine Employers Mutual Ins Co</b>	11149	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>NBP2553755</b>	<b>1/1/2024</b>	<b>1/1/2025</b>	EACH OCCURRENCE \$ <b>1,000.00</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100.00</b> MED EXP (Any one person) \$ <b>5.00</b> PERSONAL & ADV INJURY \$ <b>1,000.00</b> GENERAL AGGREGATE \$ <b>2,000.00</b> PRODUCTS - COMP/OP AGG \$ <b>2,000.00</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <b>N</b>	<b>N/A</b>	<b>1810116699</b>	<b>8/27/2023</b>	<b>8/27/2024</b>	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ <b>500.00</b> E L DISEASE - EA EMPLOYEE \$ <b>500.00</b> E L DISEASE - POLICY LIMIT \$ <b>500.00</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The following entity is named additional insured for general liability by execution of a written contract for the on-going operations of the insured only.

Town of Freeport  
 30 Main St  
 Freeport, ME 04032

**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

