

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).*

Day/Date(s) of Event 7/4/23 Location - Freeport Memorial Park

Arrival Time 6:30 a.m. Time of Activity 7:20 a.m. End Time 11:30 a.m. Departure

Name of Event L.L.Bean 4th of July Running Race and Kids Fun Run

Description of Event 10K run followed by a family event (walk run) to benefit Casco Bay YMCA

List all activities & equipment/materials to be used on town property (food/retail sales, portable potties, etc.) Free fruit and water, Porta Potties by Toriano Waste, PA system, 2 tables, water station  
*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.

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. -permit requested

Organization/Individual making request Non-Profit \_\_\_\_\_ Profit X \_\_\_\_\_

Contact/Title Bill Yeo - L.L.Bean Community Engagement Coordinator

Address 15 Casco St. Freeport, Maine 04033

Day Phone-207-552-7899 Cell Phone -207-353-9169 Email \_\_\_\_\_  
wyeo@llbean.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).**

**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: Bill Yeo

Printed name: Bill Yeo Date: 3/13/23

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