



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 Fridays 5/31-9/27 Location Memorial Park, Bow St.

Arrival Time 9³⁰ Time of Activity 10-1 End Time 1³⁰

Name of Event Freeport Farmers Market

Description of Event A farmers market with mostly food + some craft vendors. Often there will be live music or demonstrations too. Parking permitted at Hilton Garden Inn lot.

List all activities & equipment/materials to be used on town property (food/retail sales, portable potties, etc.) vendors set up + take down their 10'x10' tents. Organizers + occasional nonprofits have informational tables. The park is completely cleared immediately after market ends at 1:00 pm. Please note that Food Carts are NOT allowed on public property. No porta potty.

A Detailed Plan/Diagram of all event activities must be included with your request. (over)

If event is anticipated to affect traffic in any way (e.g. road race) or number of participants is expected to

Organization/Individual making request F-CAN Freeport Farmers Market

Non-Profit Profit

Contact/Title Katherine Heye

Address 33 Litchfield Rd.

Day Phone 865-3747 Cell Phone 233-6481 Email Klhey@ gmail.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.

Each week will be basically the same, with 15-20 10'x10' tents placed along the walkways in the park. The arrangement might vary slightly week to week depending on the number of day (non seasonal) tables we have on a particular date. There may also be a few non profit tables - no tent - offering information. Music will take place on the permanent stage near the fence, provided by and maintained by the theatre group.

Parking is off street in the Hilton Garden Inn lot. Vendor unloading is quick and efficient - Vehicles are moved to the lot and unloaded.

* 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: Katherine L Heye
Printed name: Katherine Heye Date: 3/18/24

*** 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)

05/24/2023

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 All Points Insurance 309 South Main St Brewer ME 04412 | CONTACT NAME: Carlene Messer PHONE (A/C, No, Ext): (207) 989-8880 E-MAIL ADDRESS: cmesser@allpointsagency.com | FAX (A/C, No): (207) 989-8881 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Freeport Farmers Market 33 Litchfield Rd 33 Litchfield Road Freeport ME 04032 | INSURER A: United Ohio | NAIC # 13072 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES **CERTIFICATE NUMBER:** CL2352408100 **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: | Y | | CPP0037126 | 06/01/2023 | 06/01/2024 | EACH OCCURRENCE \$ 1,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | | | | | | |
| | MED EXP (Any one person) \$ 5,000 | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$ |

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

See actual policy for specific coverage and exclusions.

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|---|--|
| CERTIFICATE HOLDER Town of Freeport 30 Main St. Freeport ME 04032 | CANCELLATION 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 |
|---|--|

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Town of Freeport
Application for Temporary Activity Permit

A temporary activity permit may be requested for an activity that is of a decidedly temporary nature or of short duration which will, because of unusual circumstances, be unable to meet the minimum requirements of the Ordinance. Please refer to Section 501 of the Freeport Zoning Ordinance for additional information on Temporary Activity Permits and the standards they must comply with.

Applicant's Name Katherine Heys Phone # 865-3747

Name of Business / Organization Freeport Farmer's Market

Mailing Address 33 Litchfield Rd. Freeport 04032

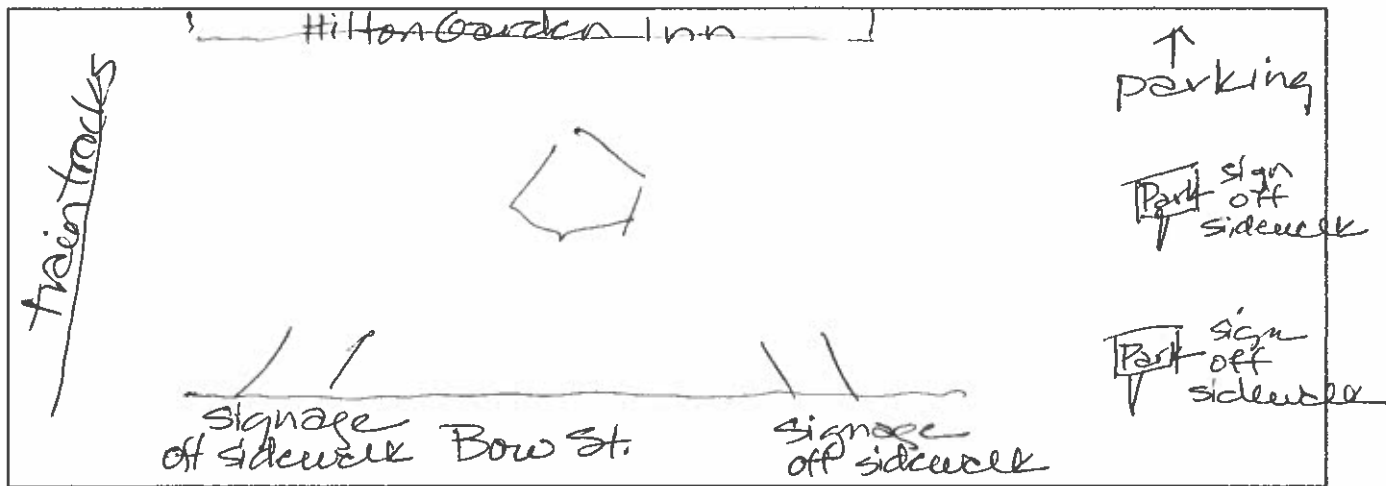
Name of Event Freeport Farmer's Market Map 13 Lot 40

Location of Event Memorial Park, Bow St. Will there be food trucks at this event? Yes No

Date(s) of the Event 5/31, 6/7, 6/14, 6/21, 6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16, 8/23, 8/30, 9/6, 9/13, 9/20

Time(s) of the event 10-1 (additional half hour at each end for set up + take down)

Will there be any outdoor signage or displays (including but not limited to racks or tables)?
If yes, please draw a sketch and indicate location in relation to the building or property. Please note that any signs or displays must be kept out of the public right-of-way.



I understand that all temporary activities must conform to the standards of Section 501 of the Freeport Zoning Ordinance and that all of the above information is accurate.

Katherine Heys
Applicant's Signature

3/12/24
Date

Approved by: _____

Date: _____

Fee Collected: \$ 25.00 Paid Char # 1501.C