



# 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 #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Responsible person #1**

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** Yes  No   
(Contact 207-865-4800)

**FIRE DEPARTMENT / EMS SUPPORT** Yes  No   
(Contact 207-865-3421)

**DEPARTMENT OF PUBLIC WORKS SUPPORT** Yes  No   
(Contact 207-865-4461)

**HARBOR MASTER** Yes  No   
(Contact 207-865-4546)

**TOWN MANAGER'S OFFICE** Yes  No   
(Contact 207-865-4743)

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



**FREPORT 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#: \_\_\_\_\_



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