



# City of South Portland Event Application

Application must be turned in 30 days prior to the event

Application Date \_\_\_\_\_

## ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_

Contact Person for Event: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Name and Phone number during the Event: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_

Is your organization incorporated as a non-profit organization? Yes  No

Non-Profit Number: \_\_\_\_\_

## EVENT INFORMATION

Event Title: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Rain Date(s): \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Does the Sponsoring Organization own the property? Yes  No   
*If not, please attach a letter from the property owner authorizing this event.*

Estimated Attendance: \_\_\_\_\_

Does the Applicant have insurance for this event? Yes  No   
If yes, please provide evidence.

**Please check off all events that will occur:**

Check off	Type of Event	Additional Information	Fee	Total
	Amplified Sound	Complete Neighbor Notification	\$10.00 per event	
	Burn Permit/Bonfire	Must complete additional paperwork with the Fire Department	No Fee	
	Carnival	Proof of Insurance is required	\$125.00 a day	
	Circus	Proof of Insurance is required	\$300.00 a day	
	Electrical Permit	Must complete additional paperwork with Code Enforcement	\$60.00 paid to Code Enforcement	
	Fireworks	Proof of Insurance is required. Site Plan approval from Fire Marshall Required (call 207-624-8744)	No Fee	
	Food	Please Provide a list (Include: Name of organization, contact, address, phone, and food items that will be sold or given away)	\$35.00 per event per Food Vendor	
	Non Food Items	Please Provide a list (Include: Name of individual, date of birth, address, phone, and items that will be sold or given away)	\$60.00	
	Off Premise Alcohol	State Application is required	\$20.00	
	Off premise Signs	Must complete additional paperwork with Code Enforcement	\$25.00 Minimum paid to Code Enforcement	
	Parade	Please provide Parade route.	No Fee	
	Parking Accommodations are needed	Please provide any maps or diagrams relating to this event.	No Fee	
	Public Safety Presence	If requested or determined necessary, please contact Police or Fire Department.	Fee must be paid to department providing service.	
	Road/Intersection Closure <b>Time of Closure:</b> <b>Start:</b> ..... <b>Finish:</b> .....	Please provide any maps or diagrams relating to this event. Council Approval is required.	No Fee	
	Run/Walk/Cycle/Swim	Please provide any maps or diagrams relating to this event.	No Fee	
	Tent Permits	Must complete additional paperwork with Code Enforcement	\$25.00 paid to Code Enforcement	
	Tidal Waters to be used	Please provide a map	No fee	
	Trailer Permits	Must complete additional paperwork with Code Enforcement	\$25.00 paid to Code Enforcement	
			Processing Fee	\$20.00
			Total	

**\*\*\*Fees are waived for Non Profits\*\*\***

Will Barricade and/or cones be needed? Yes  No

If Yes, How many barricades \_\_\_\_\_ Cones \_\_\_\_\_

**SANITARY FACILITIES**

Please state if the following items will be available at your event, the number of items available and the proximity of the item to your event:

	<u>Amount at Event</u>	<u>Location</u>
TOILETS	-----	-----
HAND WASHING FACILITIES	-----	-----
PORTABLE WATER	-----	-----
FIRST AID FACILITIES	-----	-----

**WASTE DISPOSAL**

	<u>Amount at Event</u>	<u>Location</u>
RECYCLING CONTAINERS	-----	-----

Types of recycling containers: -----

WASTE CONTAINERS	-----	-----
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Types of waste containers: -----

**DESCRIPTION OF EVENT**

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Signature of Applicant

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Date Submitted

**Please note that you will be contacted by City Staff if you require additional permitting.**

Please return this application to: **City Clerks' Office**  
**Attn: Amanda Brousseau**  
**25 Cottage Road**  
**South Portland, Maine 04106**  
**207-767-7628**  
[abrousseau@southportland.org](mailto:abrousseau@southportland.org)



# City of South Portland Event Application – Signoff

\*\*\*\*FOR STAFF USE\*\*\*\*

## DEPARTMENT COMMENTS AND RECOMMENDATIONS:

City Clerk Comments/Recommendation: Print Name: \_\_\_\_\_

Code Officer/Health Comments/Recommendation: Print Name: \_\_\_\_\_

Fire Department Comments/Recommendation: Print Name: \_\_\_\_\_

Parks & Recreation Department Comments/Recommendation: Print Name: \_\_\_\_\_

Police Department Comments/Recommendation: Print Name: \_\_\_\_\_

Public Works Department Comments/Recommendation: Print Name: \_\_\_\_\_

Transportation Department Comments/Recommendation: Print Name: \_\_\_\_\_

Council Public Hearing Date: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_ Date applicant notified: \_\_\_\_\_