



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

Name of Event: _____

Location of Event: _____

Date of Event: _____ Rain Date: _____

Time of Event: Start Time: _____ Ending Time: _____

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

Does the Applicant have insurance for this event? Yes No

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	
	Road/Intersection Closure Time of Closure: Start: _____ Finish: _____	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? _____

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	_____	_____
Types of waste containers: _____		

DESCRIPTION OF EVENT

Signature of Applicant

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**

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: _____