



# City of South Portland Special Event Application

(Sec. 14-2, 14-3 & 14-8)

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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

*\*This person must be available during the entire time of the event.*

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

*(Attendance over 1,000 may require Public Safety presence at the expense of the Event Organizer - see page 2)*

Does the Applicant have insurance for this event? Yes  No

*Please attach evidence -- see Sec. 14-8 for insurance requirements for events held on City property. Insurance is required for all events occurring on City Property.*

**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	_____	_____
------------------	-------	-------

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: Licensing Administrator**  
**25 Cottage Road**  
**South Portland, Maine 04106**  
**kmorrill@southportland.org**

# COVID-19 Safety Requirements for all Events

Due to COVID-19, the following information is needed for all events.

**Please initial to confirm the following.**

\_\_\_\_\_ All event applications MUST provide proof of commitment to complying with the applicable **COVID-19 Prevention Checklist**. You may find checklists on the State DECD site: <https://www.maine.gov/decd/covid-19-prevention-checklists> **Once you have submitted COVID-19 Prevention Form, save/print and attach the confirmation message to the event application.**

\_\_\_\_\_ Events must comply with any and all State and local COVID-19 regulations. The event organizer is responsible for ensuring compliance of event staff, vendors, and attendees. The listed contact person on the event application must be available to reach by phone during the entire time of the event to contact to address complaints or concerns.

\_\_\_\_\_ All event applications must provide a detailed plan of how it intends to follow the safety measures to comply with the State's DECD COVID-19 Prevention Checklist. **Please attach this plan to the event application. A map should be provided showing the location and set-up, as applicable.**

\_\_\_\_\_ As State and local guidelines may be updated, the City will reserve making a final decision on any submitted event application until 2 weeks prior to the scheduled event.

# **EVENT INFORMATION FOR BLOCK PARTIES**

If you are planning on holding a “Block Party” there are a few things that need to be completed in order to be in compliance with City ordinances.

## **1. Council approval**

All street closings need to be approved by the City Council. In order to get approval, please submit the attached neighbor notification form signed by all neighbors affected along with your event application to the City Clerk’s office **at least three weeks prior** to the street closing.

## **2. Amplifying Permit**

If you are planning on having any type of music or announcing using a microphone you will need to obtain an amplifying permit. Please use the attached neighbor notification form. Five business days are needed to issue the permit. The fee for an amplification permit is \$10.00.

## **3. Blocking the street**

After Council approval, sawhorses can be obtained from Public Works. Residents must call and reserve the sawhorses **at least 3 days** in advance (767-7635). They need to be picked up during regular business hours, (7:00 A.M. – 3:00 P.M.) the Friday before the event, and returned on the following Monday. When placing the sawhorses, there still must be room for emergency vehicles to proceed if needed.

**\*ACTIVITIES ON STREET MAY NOT PREVENT EMERGENCY  
VEHICLE ACCESS\***

### Neighbor Notification

By signing below, I am acknowledging that I have been advised of the details of an event to be hosted by my neighbor;

Name of Event ----- Date of Event -----

Amplifying License has been requested: Yes  No

Street Closing has been requested: Yes  No

I understand that by signing below I am neither approving nor disapproving, but rather that I have been advised of the application. (The Police Chief will make a final decision as to whether the application is approved or denied.)

Print Name	Address	Signature

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