

TOWN OF HARRISON
P.O. Box 300
20 Front Street
Harrison, ME 04040
Tel: 207-583-2241 * Fax: 207-583-6240
www.harrisonmaine.org



Organization Status
 Non-Profit
 Profit

EVENT PERMIT APPLICATION

Permit Application must be completed & returned to the Town Clerk no less than 60 days before event. Please type or print legibly.

PARADE FESTIVAL WEDDING
 RUN/WALK CONCERT
 OTHER _____

Organization/Applicant requesting use: _____

Event Location: _____

Name of Event: _____

On Site Contact Person: _____

Address: _____

E-mail Address: _____

Primary Phone: _____ Secondary: _____ Fax: _____

Date of Event: _____ Rain Date: _____

Event Times: Start Time: _____ End Time: _____ Expected Attendance: _____

Please provide a detailed description of what your event entails:

Please list the property address, public facilities, parks, streets or public property you are requesting use of for this event:

Liability Insurance Required: (this is required for use of any town owned property)

Coverage amount: Bodily Injury \$ _____ Property Damage \$ _____

Please attach a current copy of the certificate naming the Town as "Additional Insured"

Are you requesting no parking prior to and/or during your event? Yes No

If **yes**, please list requested street(s)/time(s)

Describe size and location of designated parking areas (attach landowner permission)

Are you requesting closure/partial closure of any roads? Yes No

If **yes**, please list the reason, location and time frame for closure. _____

Health and Sanitation:

Description of drinking water to be provided: _____

Describe process to collect and remove all human waste and garbage generated by event:

Will there be use of amplified sound? Yes No

If **yes**, please list the decibel level (if known) and duration. _____

Alcohol: Will alcohol be sold, served or present? Yes No

If yes, attach copy of liquor license for approval

Services Requested: Please list below your plans/requests/needs for assistance with crowd control, traffic control and any on or off-site emergency personnel/equipment.

____ **Sheriff Department** _____

____ **Fire Department** _____

____ **Ambulance** _____

____ **Parks** _____

____ **Recreation** _____

____ _____

____ _____

The undersigned acknowledges that any Town requested property must be cleaned and restored to its original appearance and the same condition.

Signature: _____ Date: _____

For administrative use only:

Applicable fees and/or deposits: \$ _____ Paid on: _____

Sign-offs:		Approve	Deny
Sheriff _____	Date _____	_____	_____
Fire _____	Date _____	_____	_____
Parks _____	Date _____	_____	_____
Recreation _____	Date _____	_____	_____

Signature confirms department has been contacted/agreed to request.

Town Manager: _____ Date: _____

APPROVAL/DISAPPROVAL

The Board of Selectmen may impose additional conditions upon the event, including but not limited to:

- A. Requiring a bond or escrow fund to insure prompt clean-up of the area.
- B. Prescribing other precautions appropriate to the size, location, and purpose of the event, such as restrictions on the hours of operation, limitation on signage, requirements for fencing or other steps deemed necessary to protect the public health, safety, and welfare of everyone.

____ **Approved:**

Additional conditions if applicable: _____

____ **Not Approved:**

Reason: _____

Corrective action required: _____

Any additional information required: _____
