

APPLICATION NUMBER: _____

**INDEMNIFICATION AND RELEASE PROVISIONS
CITY OF BIDDEFORD SPECIAL EVENT PERMIT**

EFFECTIVE 7-6-2017 THE FOLLOWING FEES WILL APPLY:		
B050	Administrative fee	\$25.00
B051	Parade Permit fee	\$50.00
B052	Block Party Permit fee	\$75.00
B053	Mass Gathering fee	\$100.00

A. In consideration for being permitted to use the facilities and/or rights-of-way of the City of Biddeford, (hereinafter "City"), _____
(insert name of person/entity seeking permission to use facilities and/or right-of-way, hereinafter "Applicant") agrees to indemnify and hold harmless the City, its officers, employees, and insurers, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity on account of damage, loss, or injury, including without limitation claims arising from property loss, or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the use of the facilities and/or rights-of-way, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the City, its officers, or its employees, or from any other cause whatsoever.

B. By signing below, Applicant agrees that in the event of damage, loss or injury to the facilities or to any property or equipment therein or to the City rights-of-way, the City may deduct from any damage deposit the full amount of such damage, loss, or injury. Applicant further agrees that if such damage, loss, or injury exceeds the amount of the damage deposit, Applicant will promptly reimburse the City for all costs associated therewith upon billing by the City.

C. In addition, in consideration for being permitted or allowed to use the facilities and/or right-of-way, Applicant on behalf of itself and its officers, employees, members, and participants, hereby expressly exempts and releases the City, its officers, employees, insurers, from and against all liability, claims, and demands, on account of injury, loss, or damage, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, or death, that Applicant may incur as a result of such use, whether any such liability claims and demands result from the act, omission, negligence, or other fault on the part of the City, its officer, or its employees, or from any other cause whatsoever.

D. In addition, _____ has furnished and attached two copies of certificates of insurance with the City of Biddeford named as an additional insured in the amount of \$400,000 unless a greater amount is warranted.

Signature of Applicant

Date

Printed Name of Applicant

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**CITY OF BIDDEFORD
SPECIAL EVENT APPLICATION**

City of Biddeford
P.O. Box 586
Biddeford, ME 04005

Name of Event _____ Location of Event _____

Date of Event: _____ Start Time _____ Finish Time _____

Detailed and specific description of Event (attached separate sheet if necessary)

Estimated # of Participants _____ Estimated Attendance _____

Type of Event:

Festival/Fair With Alcohol: Yes: _____ ** No: _____

Race/Walk/Bike Ride

Concert

Parade/March

Other – Please Specify: _____

**** NOTE:** If alcohol is being sold, or otherwise available, permission must be obtained through application at City Clerk's Office, and must be approved by the City Council. If alcohol is sold, this requires applicable State of Maine Liquor license to sell alcohol. List contact name and address of licensee:

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What impact will this have upon the surrounding neighborhood? (Noise, Traffic, etc.) Please explain:

Describe the means by which the neighborhood (residents and businesses) will be notified of this event and its public hearing:

Organization (Applicant) Information

Name of Organization or Name of Applicant if NOT an Organization

Physical Address: _____

Mailing Address: _____

Business Telephone _____ Fax _____ E-mail _____

Income Tax Exempt: Yes: _____ No: _____ Tax Exempt Number: _____

Contact Person/Event Coordinator

Name & Address

Telephone _____ Cellular _____ E-Mail _____

Relationship Organization: _____

General Service Questions

Department of Public Works

Is the use of barricades necessary/requested for this event? _____

If yes, number needed _____

Will it be necessary to cover street and/or parking signs for this event? _____ If yes, please note on diagram.

What is your plan for cleanup and debris disposal for this event?

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Is any other Public Works assistance anticipated?

Parks and Recreation Department

Will this event take place in a Public Right of Way, Public Way, City Park or athletic field? _____

If yes, where

Will tenting/staging be utilized for this event? _____ If yes, what is your plan to repair any damage caused by stakes, tie-downs, etc.?

Any Parks and Recreation assistance required?

Fire Department

Will the Fire Department have access to all sites in the event of an emergency?

Will any fire hydrants be obstructed? _____ Will you have access to E 9-1-1?

Will you have First Aid or medical staff present?

******* If First aid or Medical Staff is needed, The Biddeford Fire Department can provide for a fee. Please Contact the Biddeford Fire Department at 207-282-6632 for details.*******

Police Department

Is traffic control necessary for this event? _____ If yes, who will provide it?

Is crowd control necessary for this event? _____ If yes, who will provide it?

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Other

All vendors *must* obtain proper licenses/permits from the City Clerk's office (284-9307).
Indemnification agreement/insurance certificate must be attached to this application at the time of submission. Site Plan Sketch may be accompanied by a separate map, if necessary.

SITE PLAN SKETCH OF SPECIAL EVENT (Completed by Event Coordinator)

In the space below, please provide the following information. Attach a separate map if necessary.

General Map of Location
Event Coordinator's Booth
Tents/Stages/Grandstands
Rest Facilities

Vender Locations
Garbage Cans
Water Sources

Street Closures/Parking Information
Water/Electricity Sources
Loudspeakers



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Applicant's Statement of Agreement

Everything I have stated on this agreement is correct to the best of my knowledge. This permit, if granted, is not transferable and is revocable at any time at the discretion of the City of Biddeford. I understand that the issuance of this permit is contingent upon compliance with any and all conditions imposed by the City of Biddeford or its officers.

Applicant Signature: _____ Date _____

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**CITY OF BIDDEFORD
BLOCK PARTY PERMIT APPLICATION**

Name of Applicant _____

Address _____

Telephone # _____

Location of Block Party _____

Date of Block Party _____

Start Time _____ Finish Time _____

Block Party Regulations

Authorization to block off your street for a block party on the above date during the above stated time is contingent upon the following stipulations.

1. Although the street will be closed, provisions must be made for access by **EMERGENCY VEHICLES**. Barricades must be provided at the requesting party's expense. They must be of a temporary nature and easily removable in an emergency.
2. Block party must cease before dark, with all street obstructions and barricades removed.
3. Any debris or litter must be cleaned by the permit holder immediately following the event.
4. Music will be allowed but it must be maintained at a reasonable volume so as not to disturb nearby neighbors. Any complaint regarding noise of any type that is substantiated by the Police Department may cause this permit to be terminated without notice.
5. It is **ILLEGAL** in Maine to consume alcoholic beverages in public areas, which includes city streets and sidewalks. Any consumption of alcoholic beverages must take place on private property only.

On the following page, please attach or sketch a map showing the area to be blocked, the location of the barricades, and any other descriptive information pertinent to the issuance of this permit.

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PAGE 2 – BLOCK PARTY PERMIT

Attach your map or sketch below.

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REVIEW BY SPECIAL EVENTS COMMITTEE:

Having completed a review of the application, the proposal itself, the location of the vent and its impact upon services and resources, this application is:

APPROVED WITH MODIFICATIONS AND/OR RESTRICTIONS: _____

APPROVED AS SUBMITTED: _____

DENIED: _____

Modifications / Restrictions:

REASON(S) FOR DENIAL:

Police Chief

Date:

Fire Chief

Date

Public Works Director

Date:

Codes Enforcement Officer

Date:

Parks & Recreation

Date: