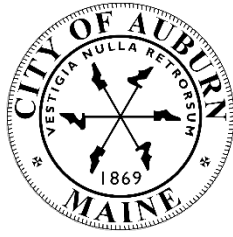


Date received: \_\_\_\_\_  
Date approved: \_\_\_\_\_



## CITY OF AUBURN SPECIAL EVENT/MASS GATHERING APPLICATION

**Required for any special event on city property that will attract up to 1,000 people, or any outdoor event with continued attendance of 1,000 or more persons for 2 or more hours.**

\*\*\*\*\*

**Applications must be submitted to the Clerk at least 45 days prior to the event if the gathering is expected to attract up to 5,000 people.**

**Application must be submitted at least 90 days prior to the event if the gathering is expected to attract more than 5,000 people.**

**Date of Application:** \_\_\_\_\_

### **SPONSOR INFORMATION**

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

Name of Contact Person for Event: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Contact Name and Cell Phone Number DURING the Event: \_\_\_\_\_

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

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

### **EVENT INFORMATION**

Name of Event: \_\_\_\_\_

Type of Event (walk, festival, concert, etc.): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Times of Event: Start Time including set-up: \_\_\_\_\_ Ending time including clean up: \_\_\_\_\_

Actual Event Start Time: \_\_\_\_\_ Actual Event End Time: \_\_\_\_\_

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

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

Have you held an event at this location within the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If the location is a city park, have you applied for use of the property with the Recreation Department and has your request been approved?

Yes \_\_\_ No \_\_\_ Pending \_\_\_ Date submitted to the Recreation Department: \_\_\_\_\_

**TYPES OF PERMITS/PERMISSIONS NEEDED – PROVIDE AN ANSWER FOR EACH LINE:**

Permit Fee	Permission/Permit Type	YES	NO	NOT SURE
Not permitted	<b>CROSS-STREET BANNERS</b> Please note that the city no longer allows cross-street banners.			
Separate fee and permit possible	<b>FOOD</b> – Will food or beverages be sold? If yes, list what types of food or beverages:  Note - A food service license may be required and must be submitted 14 days prior to the event. Other requirements and/or restrictions may apply.			
Separate fee and permit possible	<b>NON-FOOD ITEMS</b> – Will products be sold or given away (such as t-shirts, crafts, souvenirs, etc.)? If yes, list what items:  Note - A peddler permit may be required and must be submitted 14 days prior to the event.			
N/A	<b>LIVE MUSIC</b> – Will there be any outdoor musical performances? If yes, please describe:			
N/A	<b>SOUND AMPLIFICATION</b> – Will there be a microphone or speaker system to project sound?			
Separate fee and permit possible	<b>ALCOHOL</b> – Will alcoholic beverages be sold? Note – Vendor must hold a valid State of Maine liquor license and submit an Off Premise Catering Event application 14 days prior to the event.			
Separate fee and Permit required	<b>CARNIVAL</b> – Will carnival rides be offered? If yes, attach a copy of the state permit. A city permit is required as well.			
Separate fee and Permit required	<b>FIREWORKS</b> – Will there be a fireworks display? If yes, a permit from the Fire Department is required.			
N/A	<b>PARADE</b> – Will there be a parade? If yes, describe route:  Note – A permit from the Police Department is required.			
N/A	<b>RUN/WALK/CYCLE</b> – Will event involve participants doing a walk-a-thon, road race, etc.? If yes, describe route:			
Separate permit required	<b>BURN PERMIT</b> – Will there be any open flame such as a bonfire? If yes, describe activity:  Note - A permit from the Fire Department is required.			

N/A	<b>TENT/CANOPY</b> – Will you be setting up a tent or canopy? If yes, list number and sizes:			
Separate fee and permit required	<b>ELECTRICAL POWER/EQUIPMENT</b> – Will electrically powered equipment be utilized, if so, provide a brief description of the equipment and the entity responsible for the installation of the electrical equipment?			
N/A	<b>ROAD/INTERSECTION CLOSURE</b> – Will any roads need to be closed to accommodate your event? If yes, please list:			
N/A	<b>MAP/DIAGRAM</b> – Is a map or diagram attached detailing this event and depicting the placement of such items as tables, tents, port-a-potties, stage, parking, food service areas, etc.? This is a mandatory requirement for this application and must be included.			
N/A	<b>PARKING ACCOMODATIONS</b> – What will be the anticipated need for parking and what is your parking plan?			
N/A	<b>TOILETS</b> – Please list amount at event and/or nearest location:			
N/A	<b>WASTE DISPOSAL</b> – Please list process and location:			
N/A	<b>HAND WASHING FACILITIES</b> – Please list amount at event and/or nearest location:			
N/A	<b>POTABLE WATER</b> – Please list amount at event and location:			
N/A	<b>FIRST AID FACILITIES</b> – Please list location at event:			
\$	<b>TOTAL FEE INCLUDED</b> – Checks payable to “City of Auburn”			

### EVENT LIABILITY INSURANCE COVERAGE FOR EVENT

For an event such as a walk-a-thon, race, festival, concert, etc., the city requires general liability insurance coverage. The **City of Auburn** is to be named as “additionally insured” for the event activities on that date. Once the event is approved, the Certificate of Insurance will need to be received at least 30 days before the event and before permits can be issued. Please have the City of Auburn listed on the Certificate of Insurance (minimum coverage \$1,000,000 Bodily Injury or Death, per occurrence, and \$300,000 Property Damage, per occurrence). It should contain a clause providing that the policy may not be cancelled by either party except upon not less than 30 days written notice to the city. Please have your insurance company fax a copy to: City Clerk 207-333-6623.

**DESCRIPTION OF EVENT – Please describe what will occur during your event**

Signature of Applicant:

Printed Name:

Date Submitted:

\_\_\_\_\_

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

Please return this completed application with diagram and any applicable fee to:

MAIL: City Clerk's Office  
 60 Court Street  
 Auburn, ME 04210  
 FAX: 207-333-6623  
 EMAIL: [ecarrington@auburnmaine.gov](mailto:ecarrington@auburnmaine.gov)  
 PHONE: 207-333-6600

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

**DEPARTMENT COMMENTS AND RECOMMENDATIONS:**

<b>DEPARTMENT</b>	<b>APPROVE</b>	<b>DENY</b>	<b>DATE</b>	<b>INITIALS</b>
Sanitarian/Health Inspector				
Code Officer/Land Use & Zoning				
Fire Department				
Police Department				
Public Works Department				
Recreation Department				

COMMENTS/CONDITIONS from any of the above departments:

City Council Public Hearing date, if applicable: \_\_\_\_\_

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