

Organizer Information

Name of Organization: _____ For-Profit ___ Non-Profit ___

NP paperwork is required and due with your application. 501C3 ___ IRS Letter ___ Form 990 ___

Organization Address: _____ City: _____

Organization Daytime Telephone: _____ LBNP Discount ___ N/A ___

To be considered a Lewiston-Based NP, your office must be physically located in Lewiston.

Applicant Name: _____ Title: _____

Applicant Telephone: _____ Applicant Email: _____

On-site Manager Name (day of event): _____ Cell: _____

Event Information

Activity/Event Name: _____ Requested Location: _____

See page two for list of park locations and applicable fees / please note there are no bathroom facilities at City Parks. If you plan to use the park for over 3 hours – porta potties must be obtained at your expense.

Requested Date(s) _____ Rain Date (if applicable) _____ Recurring Dates _____

Actual Hours of Event _____ to _____ Set up: _____ Tear Down: _____

Anticipated Attendance: _____ * required

Type of Event (describe in detail) Park Reservation ___ First-Time Event ___ Repeat Event ___

Qualifying Questions to Determine Park Reservation or Event

Will you be amplifying sound?	If so, continue on and complete the application.
Is the anticipated attendance 50 or over?	If so, continue on and complete the application.
Will you have tents, bounce house, etc.?	If so, continue on and complete the application.
If you answered no to the above questions:	Your request for a reservation is complete: Indicate park choice on Pg. 2, sign below and complete and attach the Liability Waiver.

Signature of Applicant

Date

Initial _____ I have read and signed the Liability Waiver which will be attached to the Page 1 & 2 Park Reservation.

\$50 processing fee due when Park Reservation or Application is submitted.



Enjoy Our City Parks

Events within the City of Lewiston require a team effort.

It is our goal to assist you with the information and services necessary for a successful event.

Check one:

- **Select a location below for a park reservation only** (Determined on Pg. 1) _____
- **I will host an event and continue on with the application** (Determined on Pg. 1) _____

Lewiston Based Non-Profits (LBNP) will receive a 50% discount of park fees & other applicable fees.

Select one:

Park Name

Select all that apply:

Type of Event

Simard Payne Park	\$150 _____	\$75 _____ (LBNP)	Walk/Run Road Race _____	Birthday _____
Simard Payne Park Amphitheater Only	\$25 _____		Live Performance _____	Festival _____
Dufresne Plaza	\$150 _____	\$75 _____ (LBNP)	Concert _____	Parade _____ Vendors _____
Kennedy Park	N/C _____		Picnic/BBQ _____	Block Party _____
Kennedy Park Gazebo Use	_____		Carnival _____	Circus _____ Fireworks _____
Pettingill School Park	N/C _____		Wedding _____	Wedding Reception _____
Sunnyside Park	N/C _____		Vigil _____	Demonstration _____ March _____
Veterans Park	N/C _____		Open to the Public _____	Age Restricted _____
(for Veteran's related activities)			Invitation Only _____	Fundraiser _____
George Ricker Park	N/C _____		Other: _____	
Other _____			# of Days _____	x Fee _____ = \$ _____

WEB LINK FOR COMPLETE LISTING, LOCATION, AND AMMENITIES FOR EACH PARK: lewistonmaine.gov/Parks

OBTAINING A PORTA-POTTY FOR YOUR EVENT/ACTIVITY

Please note, there are no bathroom facilities at our parks. If your event is going to exceed three hours, **or if alcohol will be served**, a porta potty is required. The City will not provide nor fund porta-potty services; therefore, the following is required at your expense. Criteria include:

1. **One ADA porta potty for 0-200 attendees as well as handwashing/sanitizing stations.**
2. **An additional porta potty will be necessary for attendees over 200, etc.**

Estimated Attendance _____ ***required** - How many ADA units _____ How many regular units _____

***Include location of porta potties on the park logistics map - *required**

Please note: Parks and greenspaces are not authorized for organized sports. Please contact Recreation Director Nicole Welch to book an approved athletic field. 513-3005, ext. 3702. Recreation also schedules the Kennedy Park basketball courts and events at the Armory.



Department Information for your Event

It is a requirement that the event organizer attend a City Event Staff meeting and/or contact the staff member to discuss all requirements outlined in the application.

City Clerk's Office in conjunction with Sanitarian/Code Enforcement

Kelly J. Brooks, Deputy City Clerk, 513-3020; kjbrooks@lewistonmaine.gov; **Louis Lachance, Sanitarian/Code Enforcement Officer**, 513-3000 ext. 3224; llachance@lewistonmaine.gov

The Clerk's office provides permits & licenses. **Review, check all that apply, & provide detail as needed.**

SOUND AMPLIFICATION-will you be amplifying sound? Yes ___ No ___

Please describe: _____

SOUND AMPLIFICATION PERMIT may be required \$17 per day / \$8.50 (LBNP) Amount \$ _____

OUTDOOR ENTERTAINMENT (live performance) Yes ___ No ___

Please describe: _____

OUTDOOR ENTERTAINMENT PERMIT *City Council approval required* \$50 / \$25 (LBNP) Amount \$ _____

FOOD Yes ___ No ___ Sold ___ Given Away ___ **Food Truck** Yes ___ No ___

Food Truck Name _____ Licensed to operate in Lewiston? Yes ___ No ___

BBQ Yes ___ No ___ Sold ___ Given Away ___ Is this a catered event? Yes ___ No ___

(Required to review and adhere to BBQ rules & regulations) Name of caterer if applicable _____

FOOD SERVICE LICENSE may be required \$50 up to 3 days / \$25 (LBNP) Amount \$ _____

Sanitarian/Code inspection may apply; Fire inspection may apply.

BEVERAGES Yes ___ No ___ Sold ___ Given Away ___ Type _____

Outside Alcohol Yes ___ No ___ (restrictions apply) **Licensed Business Name** _____

FOOD SERVICE LICENSE may be required \$50 up to 3 days / \$25 (LBNP) Amount \$ _____

OUTDOOR ALCOHOL PERMIT REQUIRED \$25 per event & other fees may apply Amount \$ _____

No discounts apply on alcohol permits.

A PORTA POTTY IS REQUIRED FOR ALL EVENTS THAT INCLUDE ALCOHOL. (See pg. 2)

PRODUCT Yes ___ No ___ Sold ___ Given Away ___ Type _____

PEDDLERS/FLEA MARKET PERMIT may apply

\$34 per day for 1-75 spaces / \$17.00 (LBNP)

\$61 per day for 76+ spaces / \$30.50 (LBNP) Amount \$ _____

CARNIVAL Yes ___ No ___ Rides Offered ___ Details _____

CIRCUS Yes ___ No ___

STATE PERMIT REQUIRED; has it been obtained? Yes ___ No ___

CARNIVAL OR CIRCUS PERMIT REQUIRED \$180 per day x _____ number of days Amount \$ _____

No discounts apply on carnival or circus permits.



Public Works

Al Patenaude, Open Space District Team Manager, 513-3003, ext. 3423; apatenaude@lewistonmaine.gov will provide assistance with park logistics. If you have road closure or traffic disruption, contact Steve Murch, Arborist District Team Manager, 513-3003, ext. 3443; smurch@lewistonmaine.gov. **Review, check all that apply, & provide detail as needed.**

LOGISTICS *Will you need the following for your event?*

ELECTRICITY

Access to Electricity Yes ___ No ___ Key obtained by Al Patenaude, PW

Electricity – *Is additional wiring required?* Yes ___ No ___

If yes, the applicant must contact a licensed electrician who will be required to obtain a permit.

Name of Electrician: _____ Business Name: _____

Electric requiring a licensed electrician must be reviewed by City Electrical Superintendent Dan Rodrigue, 513-3078; drodrigue@lewistonmaine.gov. If a key is to be obtained prior to your event, please contact Al Patenaude at PW, 513-3003, ext. 3423; apatenaude@lewistonmaine.gov or Megan Bates, 513-3003, ext. 3440; mbates@lewistonmaine.gov

WASTE MATERIAL: Clean-up is required following the event.

The City does not provide containers for collection of recyclables. Please be sure that you have adequate containers, trash bags, etc. to pick up and dispose of recyclables and waste.

- City Trash Receptacles requested Yes ___ No ___
- City Dumpster requested Yes ___ No ___

Contact Bob Belanger, Solid Waste Facility; 513-3147, ext. 3445, rbelanger@lewistonmaine.gov

OTHER

- Tents Yes ___ No ___ *See FIRE section & DIG Safe below
- Access to Water Yes ___ No ___
 - Inspection of water spickets needed
- Porta Potty review - (For any events lasting 3 or more hours or if serving alcohol.) *See Pg. 2
- Snow Fence Yes ___ No ___
- Barricades Yes ___ No ___
- Bollards Yes ___ No ___
- Will your event disrupt traffic? Yes ___ No ___ *See Road Closure section below
- Will you event require road closure? Yes ___ No ___ *See Road Closure section below
- Emergency Shelter Signage Yes ___ No ___
- Parking Plan Yes ___ No ___
 - Utilizing a parking garage Yes ___ No ___ Location _____
 - Utilizing a city parking lot Yes ___ No ___ Location _____
 - Non-Profit parking area – review policy
- Equipment & vehicles on property Yes ___ No ___ Logistics _____



ROAD CLOSURE / TRAFFIC INTERRUPTION

Type of Event: Road Race/Walk ____ Bicycling ____ Parade ____ Street Festival ____ March ____

Affected Street Names: _____

Duration of Closure: From: _____ To: _____

Notes: _____

SITE VISIT REQUIRED

Please plan on having a site visit with a member of Public Works prior to your event. The logistics team takes care of many aspects of event preparation. They will review required maps, parking plans, inspection of water spickets, and coordinate other aspects of the park set up.

DIG SAFE

“For all installations that require a disturbance or penetration of the ground such as, but not limited to, tents.”

The City of Lewiston requires vendors to call Dig Safe (dial 811) for any installation that results in disturbance or penetration of the ground whether by hand or mechanical method.



State law requires you give at least 72 hours’ notice, not including weekends or holidays. Pre-mark the area before you call. www.digsafe.com offers detailed information.

The event organizer is responsible for notifying vendors of their requirement to call Dig Safe.

PARKING LOGISTICS

Free Parking is available in City-owned lots and garages from Friday 6:00 PM to Monday 6:00 AM.

Parking accommodations/anticipated need _____

Will you be utilizing City-owned parking garages or Parking lots? List name/location below.

Name/Location _____

Will **equipment** be driven and/or parked in City-owned parking garages or parking lots? If yes, list the location and materials/supplies that will be used. _____

Will equipment be stored there? Yes ___ No ___

If a **private lot** is to be utilized, the event organizer must contact the lot owner. List the name of the owner and location of lot. Owner: _____ Telephone: _____

Lot Location _____



MAP-DIAGRAM REQUIREMENTS

To be submitted with application (if applicable). Maps are reviewed by PW, Police, & Fire.

- **PARK MAP:** Include placement of tents, stage, tables, porta-potties, hand sanitizing stations, and first aid
- **PARKING PLAN MAP:** Event parking, use of garages, city lots, vehicles transporting material and supplies, location and storage
- **ROUTE MAP: (Run/Walk/Cycle)** Include staging area, actual route, and end point
- **PARADE ROUTE MAP:** Include staging area, actual route, and end point
- **ROAD CLOSURE/DETOUR MAP:** Contact Steve Murch at Public Works

BUSINESS OWNER CONTACT PLAN

Due when application is submitted. *If your event is in an area where businesses are present, i.e. Lisbon Street, larger events at Simard-Payne Park, etc., you will need to submit your plan for contacting business owners prior to your event, ESPECIALLY if a road closure or detour will impact their business.*

Police Department

Lt. Carly Conley, 513-3000 ext. 3303; cconley@lewistonmaine.gov will review all events to determine public safety, the need for security, and review all road closures.

Please check all that apply

Review of Road Detours/Closures _____

For any events that will disrupt, detour, or close any traffic routes.

Map Review _____ **Event Security** _____ **Cruiser Needed** _____ **Parade Review** _____

Fire Department

Assistant Chief Mark Anderson, 513-3002 ext. 3601; manderson@lewistonmaine.gov will review events with road detours/closures, review safety of cooking equipment, tents, first aid plans, incident plans, emergency evacuation plans, issue fireworks permits and burn permits.

Please check all that apply

Review of Road Detours/Closures _____

For any events that will disrupt, detour, or close any traffic routes - notification United Ambulance, and 9-1-1.



BBQ Review *if cooking in a City park* ____ **Cooking Equipment** ____ **Fire Extinguishers** ____

Propane Tanks ____ **Tank Over 20 lbs.** ____ PERMIT REQUIRED **Map Review** ____

Fireworks ____ PERMIT REQUIRED (*30 days in advance*) & STATE FIRE MARSHAL PERMIT REQUIRED

Tents ____ Size ____ x ____ How many ____ (Flame-retardant certification required)

Review of First Aid ____ **Incident Plan** ____ **Emergency Evacuation Plan** ____

Rallies, Assemblies, Gatherings, or Mass Gathering – Fire inspection and review required

Recreation

Nicole Welch, Recreation Director, 513-3005, ext. 3700, nwelch@lewistonmaine.gov

The recreation staff is available to assist with any event/activity taking place on the City's athletic fields, Kennedy Park basketball courts and pool, or events/activities taking place at the Lewiston Memorial Armory.

Administration

Deputy City Administrator Brian O'Malley oversees events and can be reached by calling 513-3121 or by email: bomalley@lewistonmaine.gov. **Janet Labbe, Executive Assistant**, administers events, gathers and processes all necessary paperwork, receives payments, etc. prior to the event. She can be reached by calling 513-3121; jlabbe@lewistonmaine.gov. Please reach out with any questions.

Certificate of Insurance (COI) Requirements:

MANDATORY FOR EVENTS WITH 50 or more people expected to attend. Administration will review events with attendance between 25-49 attendees.

Submit Certificate of Insurance (COI) to Administration 30 days prior to your event unless otherwise authorized by the office of the City Administrator.

WHAT IS A COI?

A COI is event comprehensive liability insurance and is necessary for an event/activity with 50 or more people in which a person/group wishes to reserve any City-controlled/owned property such as a park or street. **The COI shall be issued naming the City of Lewiston as "additional insured," specifying the event/activity, the dates, and any other pertinent information and shall provide comprehensive general liability coverage with a minimum of \$1,000,000 per occurrence.**

FMI and a sample document: lewistonmaine.gov/eventsinfo

Liability Statement *(Section 9-City of Lewiston Park-Use Policy)*

- A. The event organizer/permittee shall be liable for any damages to the park or to any contents owned by the City during the period of use, whether such damage is caused by permittee or its agents, servant or employees, or by any invitees, permittees, or trespassers.



- B. The City of Lewiston shall not be liable for any damage or loss to any property of the permittee or any other person from any cause whatsoever while said property is located on the premises for storage purposes or for any other purpose, nor shall the City be liable for any injuries resulting from the use of the park.
- C. The permittee agrees to defend, indemnify, and hold harmless the City of Lewiston, its departments and their representatives, officers, agents or employees from and against all claims of any nature whatsoever for damages, including damages or loss to personal property, personal injuries and death resulting there from the use of the park in connection with the event for which the permit is granted. However, nothing contained herein shall be construed as rendering the permittee liable for acts of the City of Lewiston, its departments, or their agents or employees.
- D. When a permittee provides a certificate of insurance pursuant to Section 6 (A) of this policy, the permittee shall provide comprehensive general liability insurance with minimum limits of liability for bodily injury in the amount of \$1,000,000 for each occurrence and minimum limits of liability for property damage in the amount of \$1,000,000 for each occurrence. The City shall be named insured additionally under this policy. Additional coverage may be requested when deemed necessary due to the risks posed by the permitted activity.

Policies, Procedures, Regulations & Requirements

The City's web site EVENTS PAGE contains policies, procedures, regulations and requirements as well as information pertinent to planning your event. lewistonmaine.gov/eventsinfo

Festival Zone Designation

Establishment of a Festival Zone requires City Council approval. **You must submit a map** clearly showing what City-controlled areas are to be set aside and provide a written explanation as to why and how such a designation will be used by the event/activity. See Special Events Policy "G" for more detail.

Will you be requesting a Festival Zone designation? **Yes** ____ **No** ____

The City Clerk's office can assist with this if needed.

Applicable fees

\$50 processing fee due at the time the application is submitted.

All events that result in the use of City staff, services, or assets, to support an event or activity on City-owned and/or controlled property may require the organization or individual to pay fees that include, but are not limited to:

- Applicable park-use fees and/or amphitheater fees, and permitting and/or licensing fees obtained by the City Clerk's office are due 30 days prior to your event.
- Staff time/labor cost fees will be billed by Public Works and Police. Advance payment and/or a performance bond may be requested by the City Administrator's office.

Fundraisers – See Schedule A- (last page of document)

Is your event a fundraiser? **Yes** ____ **No** ____; are you seeking donations? **Yes** ____ **No** ____; will you be charging admission? **Yes** ____ **No** ____; raising money for another organization? **Yes** ____ **No** ____.



Declaration and Signature

- I have read the events policy and all applicable guidelines and requirements that are outlined on the City’s web page. lewistonmaine.gov/eventsinfo
- I will attend an event team meeting and/or contact each department to discuss requirements outlined in the application.
- I have included my non-refundable \$50 processing fee, map/diagrams, Non-Profit status documentation and all other requested documents.

Signature

Printed Name

Date

The City of Lewiston shall reserve the right to deny any application if the requested information is incomplete; conflicts with City policies, ordinances, events or City services; contains information that is inaccurate or fraudulent; or appears to violate local, state, or federal law. In some instances, a background check may be required with the associated fee paid by event organizer.

Return completed application and documentation either by mail, PDF, or in person to:

Janet Labbe
27 Pine Street, Lewiston, ME 04240

Call 513-3121 with credit card payment
Checks made payable to: **City of Lewiston**

EMAIL: jlabb@lewistonmaine.gov
FAX: 795-5069

In-person: ground floor of City Hall
City Administrator’s Office

At-A-Glance / Staff Use Only

Calendar ____ E-Folder ____ DB ____ EM Staff ____

\$50 Processing Fee: CK# ____ CC ____ CASH ____ **Park Fee(s)** ____ **Clerk Fee(s)** ____ **Date** ____

NP Paperwork: *on file* ____ 501C3 ____ IRS Letter ____ Form 990 ____ **COI:** ____ **Date** ____

Fee Waiver Request ____ **Schedule A** ____ **Fundraiser** ____ **Maps Submitted** ____

Outdoor Entertainment ____ Detour/Road Closure ____ Fire Review ____

Sound Amplification ____ EMR Group Notification ____ Electrical Access ____

Outside Alcohol ____ Business Contact Plan ____ Dig-Safe ____

Vendor/Flea Market Permit ____ Police Assistance ____ Water Access ____

Event Staff-Organizer Meeting Date ____

NOTE(S):



SCHEDULE A NON-PROFITS ONLY (FY24) July 1, 2023 – June 30, 2024

FEE WAIVER/CHARITABLE DONATION REQUEST

Yes ___ No ___

City Council Review and Approval are Necessary.

If a fee waiver is requested, the application and \$50 processing fee MUST be submitted between the dates of **January 1 to March 1 for events that will occur in the next fiscal year.**

CASH DONATION REQUEST Not to exceed \$2,500

Yes ___ No ___

IN-KIND SERVICES REQUEST Not to exceed \$5,000

Yes ___ No ___

City-donated services and/or support relative to City properties, resources, assets, or departments (i.e. Public Works road closures, Police intersection control, etc.)

Describe the services requested:

As part of the review process for City Council fee waivers, or request for in-kind services, we assume that your organization will not receive social service agency and/or Community Development Block Grant (CDBG) funding from the City of Lewiston in the fiscal year beginning July 1st.

This schedule and applicable attachments must be completed and returned by March 1st.

Event Name _____

New Event ___ Repeat ___

Name of Non-Profit Organization _____

Phone _____

Applicant Name _____ Email _____

FINANCIAL INFORMATION/BUDGETS (for repeat events only – return with this document)*

- Include the organization’s financial statements from the previous year’s event.
- Include organization’s budget for the upcoming event.

FUNDRAISING (for repeat events only)

Was a non-employee hired to organize and/or manage the event?

Yes ___ No ___

Name of organization or individual: _____

Were event services provided by you to raise money for one or more Non-Profit agencies?

Yes ___ No ___ Name of Organization(s) _____

*The City reserves the right to request additional financial detail of the agency/agencies.

Return completed Schedule A and required documentation with your event application to: Janet Labbe, City Hall, 27 Pine Street, Lewiston, ME 04240; jlabbe@lewistonmaine.gov or FAX 795-5069

