



CITY OF PORTLAND  
DEPARTMENT OF PUBLIC SERVICES BANNER APPLICATION  
55 Portland St. ~ Portland ~ ME ~ 04101  
207-874-8751 ~ Fax 207-874-8816  
[jdoyle@portlandmaine.gov](mailto:jdoyle@portlandmaine.gov)

<b>TODAY'S DATE</b> June 17, 2015		<b>BUSINESS / ORGANIZATION NAME</b> United Way of Greater Portland	
<b>ORGANIZATION ADDRESS</b> One Canal Plaza, Suite 300		<b>FAX</b> 874-1007	
<b>CITY</b> Portland	<b>STATE</b> ME	<b>ZIP</b> 04112	<b>EMAIL</b> <a href="mailto:kchaseduffy@unitedwaygp.org">kchaseduffy@unitedwaygp.org</a>
<b>HOME #</b> n/a	<b>WORK #</b> 874-1000 x2317	<b>CELL #</b> n/a	
<b>CONTACT NAME</b> Kristin Chase Duffy		<b>TITLE</b> Director of Marketing and Communications	

<b>EVENT NAME:</b> United Way Annual Campaign	<b>BANNER WORDING READS:</b> Give. Advocate. Volunteer. LIVE UNITED.
<b>IS BANNER 1 OR 2-SIDED?</b> 2-sided	<b>SPONSORS APPEARING ON BANNER</b> None

<b>BAXTER BLVD OR CONGRESS ST</b> Congress Street	<b>MONDAY START DATE</b> 8/31/15	<b>EVENT DATE(S)</b>
	<b>MONDAY END DATE</b> 10/30/15	

PLEASE READ THE FOLLOWING QUESTIONS AND THEN INITIAL.	INITIALS
1. I HAVE READ THE BANNER POLICIES AND PROCEDURES AND WILL ABIDE BY THEM.	KCD
2. MY INSURANCE COMPANY(S) HAS FAXED PROOF OF INSURANCE TO 207-874-8816.	KCD
3. IF BANNER DOES NOT MEET SPECIFICATIONS, I AM NOT ELIGIBLE FOR A REFUND.	KCD
4. I HAVE INCLUDED MY PAYMENT WITH APPLICATION. <b>\$50.00/WEEK</b>	KCD

**MINIMUM \$400,000 LIABILITY INSURANCE CERTIFICATES  
CONGRESS STREET LOCATION**

The Congress Street location requires listing these property owners as additional insured:

- ◆ City of Portland, 389 Congress Street, Portland, ME 04101
- ◆ A & M Partners, Inc., 120 Exchange Street, Portland, ME 04101

**MINIMUM \$400,000 LIABILITY INSURANCE CERTIFICATES  
BAXTER BOULEVARD LOCATION**

The Baxter BLVD location requires listing these property owners as additional insured:

- ◆ City of Portland, 389 Congress Street, Portland, ME 04101

**PLEASE HAVE YOUR INSURANCE COMPANY FAX US AT 207-874-8816.  
DESCRIPTION ON INSURANCE CERTIFICATE MUST INCLUDE LOCATION OF BANNER & HANG DATES**

**BANNER SPECIFICATIONS**

- ◆ Banner Must Measure 3 Feet in Height x 30 Feet in Length
- ◆ Banner Must Be a Minimum 18 oz. Vinyl
- ◆ Banner Must Have 3/8" Center Hole on Metal Grommets
- ◆ Banner Must Have Metal Grommets Every 2 Feet On Top & Bottom Edges
- ◆ Banner Must Have Metal Grommets at All 4 Corners
- ◆ Banner Must Have Wind Slits

**BANNERS THAT DO NOT MEET SPECIFICATIONS MAY BE DENIED AND  
ARE NOT ELIGIBLE FOR REFUND OF PERMIT FEES.**

<b>WE ACCEPT VISA OR MASTERCARD ONLY</b>		<b>EXPIRATION DATE</b>	<b>MONTH</b>	<b>YEAR</b>
<b>CREDIT CARD NUMBER</b>				

CONTRACTOR INFORMATION	PRICE
TIMBERTAKEN TREE CARE, LLC ~ 50 DRESSER ROAD ~ SCARBOROUGH ~ ME ~ 04074 TELEPHONE ~ 207-883-8648 / EMAIL: <a href="mailto:adam@timbertaken.com">adam@timbertaken.com</a>	<b>\$ 450.00/BANNER</b>
LUCAS TREE EXPERTS ~ 636 RIVERSIDE STREET ~ PORTLAND ~ ME ~ 04013 TELEPHONE ~ 207-797-7294 EXT 2101 / FAX ~ 207-797-0752 / EMAIL: <a href="mailto:info@lucastree.com">info@lucastree.com</a>	<b>\$ 285.00/BANNER</b>

**BELOW, PLEASE CHECK THE CONTRACTOR YOU WILL BE USING TO HANG YOUR BANNER.**

<b>CONTRACTOR</b>	TIMBERTAKEN TREE CARE, LLC	<b>CONTACT NAME</b>	LUCAS TREE EXPERTS	<b>CONTACT #</b>	
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FOR OFFICE USE ONLY			
<b>DATE RECEIVED APPLICATION</b>			
<b>DATE RECEIVED CITY INSURANCE</b>			
<b>DATE RECEIVED A &amp; M INSURANCE</b>			
<b>AMOUNT RECEIVED</b>		\$	
<b>CASH</b>	<b>VISA</b>	<b>MC</b>	<b>CHECK #</b>