



## CITY OF PORTLAND, PARKS & RECREATION APPLICATION TO USE CITY PARKS & PUBLIC SPACE



				o-free zones. I	lease pass	s this along to participants.			
Today's Date: 1/28/08 Your Name: Sarah Cecil									
Business ~ Organization: M		<u> </u>							
Address: 19 South St Suite S									
City: Portland	9	State: ME			Zip Code	: 04101			
Contact Name (s):				Title:					
Sarah Cecil, Coordinator									
Telephone:	Work:	Cell		: 2100818 if dire		Fax:			
207 871-9100	871-9100	0				871-9200			
E-mail Address:		Other:							
info@mainereads.org									
Name of EVENT and area	Name of <b>EVENT</b> and area or facility to be used (please Describe event / please be Specific)								
Maine Festival of the Book-					euse ve s	pecijic)			
Monument Square and at ve				iana					
				vale					
A three-day literary extravaganza for all ages and reading levels. We plan to have a tent on Monument Square on Sat. May 17.									
Date(s) Requested:	onument 5	Time(s):	<i>y</i> 17.		Actual	Γime of Event:			
May 17, 2008		May 17: 7am – 3	7nm		9am - 6				
Way 17, 2008		Way 17. /aiii -	pin		) ani - c	, pili			
Rain Date: (Add 50% of per	mit fee to t	total amount if rais	n date	is needed). N	JA	Estimated Number of Participants:			
Ram Bate. (2100 5070 of per	mu jee to t	our amount y ran	an amount y rain date is needed). Wh			2000			
If you require parking, what	will be the	e anticipated need	be ar	nd how will vo	ou provide				
Public parking worked fine		e anticipated need	oc a.	id non min y	ou provid				
		(There may be a \$	25 +	cleaning fee	haroed it	fexisting bathroom facilities are used.)			
No	ideniii ee	(1 mer e mer) de a e			800. 19	emorning can moon facilities and answering			
List any materials, equipmen	nt. vehicle:	s, etc., to be placed	d on c	ity property (	please he	specific.)			
						(One Stop or Leavitt.) Tables and			
chairs. Books, Tee shirts, ba			J - 5 5 1		T.F.	(constraint participation)			
Special Needs or Requireme			r char	ge / water ho	ok-up, etc	(.)			
Electricity (and heat) on Sat						,			
		8							
						arties agree to indemnify and hold			
harmless the City of Portland	l, its emplo	yees and agents, fr	om ar	id against all d	laims aris	sing out of activities during said event.			
Insurance- please have "City of Portland, Maine" listed as additional insured - minimum \$400,000.									
INSURANCE—PLEASE		is insurance may n							
	(111	is insurance may ii	ot be	required for s	ome even	13.)			
PERMIT FEES	: \$40 for fi	rst hour plus \$35 p	er ea	ch additional l	our <i>(Exa</i>	mple: 3 hour event - \$110)			
						icade security deposit, etc.			
(Please make all checks payable to: City of Portland)									
Portland Parks & Recreation will follow up with contact person, and if approved, a permit will be issued.									
DI FACE DETUDN FORM AT LEACT 20 DAVE DRIOD TO HER TO AN									
PLEASE RETURN FORM AT LEAST 30 DAYS PRIOR TO USE TO: (Please make a copy for your file.)  Portland Parks & Recreation ~ 134 Congress Street ~ Portland ~ ME ~ 04101 ~ Attn: Ted Musgraye									
207-756-8275 vm211 ~ Fax 207-756-8279 email: tvm@portlandmaine.gov									
5.					25 L 24				
For Office Use Only									
Date Received:		Reviewed By:			A	pproved:			
Certificate of Insurance	Perm	it Fee \$	O	ther Fees \$		Security Deposit \$			
Comments:									

## Certificate of Flame Resistance



## REGISTERED **FABRIC** NUMBER

F53501

issued by

TOPTEC, INC. 1905 N.E. Main Street **Date Manufactured** 

11/29/05

This is to certify that the materials described are inherently flame retardant.

Simpsonville, SC 29681

Name.	ONE STOP PARTY SHOP	(Tent Suf	pler + instal	(er)	
Addre	ss 262 MAIN ST	V		· · · · · · · · · · · · · · · · · · ·	
City _	S PORTLAND		State	ME 	04106 Zip
The ar the fat State I		flame-retardant, a with the laws of to has been tested an	he State of Califo od passes NFPA7	ornia and the Rui 701-96, CPAI84, (	·
	• •			UT WHITE	
The	Flame Retarda	int Process U	sed WILL N	OT Be Remo	ved By Washing.
TOP	PTEC, INC.			MODE: TU3	03005E
·	Name of Produc	Gedan I		MODEL 1031 SERIAL # 2546	04B

	AC	O	RD	CERTIFIC	CATE OF LIABIL!	TY INSU	JRANCE	CSR BL	DATE (MM/DD/YYYY)	
PRODUCER				<del></del>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION					
Turner Barker Insurance 63 Marginal Way, Suite 101				L	ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647					INSURERS A	INSURERS AFFORDING COVERAGE				
NS	JRED					INSURER A:	INSURER A: MMG Insurance Company			
						INSURER B:	Maine Emplo	yers Mutual		
			Maine	Reads		INSURER C:				
			19 Sou	th Street, S and ME 04101	Suite 8B	INSURER D:				
						INSURER E:	INSURER E:			
<u> </u>	VER/	AGE	<u>s</u>							
Ai M	NY REG	QUIRI RTAIN	EMENT, TER N, THE INSUF	M OR CONDITION OF AN' RANCE AFFORDED BY TH	VE BEEN ISSUED TO THE INSURED NAMED Y CONTRACT OR OTHER DOCUMENT WITH IE POLICIES DESCRIBED HEREIN IS SUBJE E BEEN REDUCED BY PAID CLAIMS.	RESPECT TO WHIC	H THIS CERTIFICATE M	IAY BE ISSUED OR		
ISR TP	ADD'I		TYPE	OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY)		LIMIT		
			NERAL LIAB				SUIF (MINDONII)	EACH OCCURRENCE	\$ 1000000	
A	x	x	COMMERC	IAL GENERAL LIABILITY	BP0425623	11/03/07	11/03/08	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 250000	
			CLAIN	AS MADE X OCCUR		_, _,	,_,	MED EXP (Any one person)	\$ 5000	
								PERSONAL & ADV INJURY	\$ 1000000	
		х	hired	& non-owned				GENERAL AGGREGATE	\$ 2000000	
		GEI	V'L AGGREG	ATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2000000	
			POLICY	PRO- JECT LOC						
		AU1	OMOBILE L	IABILITY				COMBINED SINGLE LIMIT	\$	
			ANY AUTO					(Ea accident)		
			ALL OWNE	D AUTOS				BODILY INJURY	\$	
			SCHEDULE	D AUTOS				(Per person)		
			HIRED AUT	ros				BODILY INJURY	s	
			NON-OWNE	ED AUTOS				(Per accident)	<u> </u>	
								PROPERTY DAMAGE (Per accident)	\$	
		GAF	RAGE LIABIL	ITY				AUTO ONLY - EA ACCIDENT	\$	
			ANY AUTO					OTHER THAN EA ACC	\$	
								AUTO ONLY: AGG		
		EXC		LLA LIABILITY				EACH OCCURRENCE	\$	
			OCCUR	CLAIMS MADE				AGGREGATE	\$	
				_					\$	
			DEDUCTIBL						\$	
	WICE	VEDO	RETENTION				<del> </del>	WC STATU- OTH-	\$	
		DRKERS COMPENSATION AND IPLOYERS' LIABILITY IPLOYERS' LIABILITY IPLOYERS PARTNER/EXECUTIVE IPLOYERS FICER/MEMBER EXCLUDED?			1910075694	11/03/07	11/03/08	TORY LIMITS   ER	\$ 100000	
٠	ANY I				10100/3004	11/03/07	11/03/08	E.L. DISEASE - EA EMPLOYEE		
If yes, describe und SPECIAL PROVISI			ribe under					E.L. DISEASE - POLICY LIMIT		
_	OTHE		<u>KOVISIONS</u>	Delow				E.C. DIOL (OL ) OLIO LIMIT	V 300000	
					LES / EXCLUSIONS ADDED BY ENDORSEM					
				_	Naming the City of I					
			_		eral Liability for the	e Maine Fe	stival of the	he Book -		
la	ay 15-17, 2008									
								$O_{n}$		
ERTIFICATE HOLDER CAN				CANCELLATI	CANCELLATION					
CITYO01				CITYO11	SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
				3222001	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN					
					NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
					IMPOSE NO OBL					
389 Congress Street				t	REPRESENTATIVES.					
Portland ME 04101					AUTHORIZED REPRESENTATIVE					