

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 070774

PERMIT ISSUED

JUL 19 2007

CITY OF PORTLAND

This is to certify that CITY OF PORTLAND /n/a
 has permission to Tent for Beans Best Celebration One day tent 9/19/2007 8am - 9am tent coming down same day
 AT 350 CONGRESS ST 028 B001001
 provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in.
 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Craig Cross
 Health Dept. _____
 Appeal Board _____
 Other _____
 Department Name _____

[Handwritten Signature]
 7/2/07
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

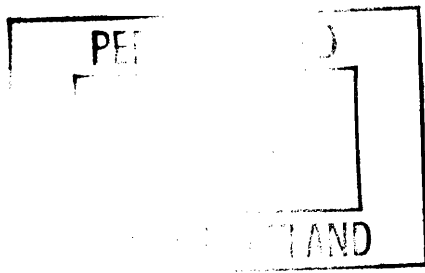
Permit No: 07-0774	Issue Date:	CBL: 028 B001001
-----------------------	-------------	---------------------

Location of Construction: 350 CONGRESS ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: B3

Past Use: ROS	Proposed Use: ROS Tent for Beans Best Celebration. One day event. 9/26/2007 8am - 9am tent coming down same day	Permit Fee:	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Tent for Beans Best Celebration. One day event. 9/26/2007 8am - 9am tent coming down same day		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: V Type: Tent FBC - Temp	
		Signature: Greg C... Signature: [Signature]		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 06/27/2007	Zoning Approval
-----------------------------	---------------------------------	------------------------

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..



Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 6/27/07	Date:	Date:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

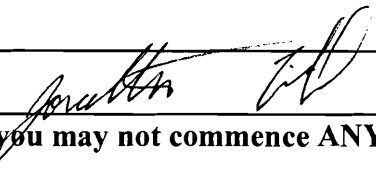
Tent/Canopy or Temporary Event Staging Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address/ Park of Installation: Lincoln Park <i>Beans Best Celebration 9-26-07 3pm-8pm</i>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Property Owner: City of Portland, Parks and Recreation	Telephone:
Lessee/Buyer's Name (If Applicable) \$ <i>INSTALLER:</i> True North Events & Catering	Applicant name, address & telephone: Jonathan Tindal 207-831-4438 350 Townsend Ave, Boothbay Harbor, ME 04538	Fee: \$ 30.00
<p>The permit fee, and the following items, must be completed and submitted to the Inspections Division to receive a permit. (Inspections Div., Portland City Hall, 389 Congress St., Portland, Maine 04101)</p> <ol style="list-style-type: none"> 1. Certificate of Flammability 2. Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275). 3. Company name of installer (contact info). 4. Plot Plan showing the following: <ul style="list-style-type: none"> Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275). 5. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00 <p>Who should we contact when permit is ready: <u>Mary Cigliola</u> Address: <u>350 Townsend Ave, Boothbay, ME 04538</u> Telephone: <u>207-633-1013 x.17</u></p>		

Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: 	Date: June 18, 2007
--	----------------------------

This is NOT a permit; you may not commence ANY work until the permit is issued.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MD
NEWAG-1

DATE (MM/DD/YYYY)
06/20/07


PRODUCER Allen Agency Camden 34-36 Elm Street PO Box 578 Camden ME 04843 Phone: 800-439-4311 Fax: 207-236-6647	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED True North Events & Catering, Inc. Scott and Corinne Larson 350 Townsend Ave Boothbay Harbor ME 04538	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Employers Fire Insurance Co.</td> <td>20648</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Employers Fire Insurance Co.	20648	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Employers Fire Insurance Co.	20648												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L	LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	710011166	04/02/07	04/02/08	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 Emp Ben. 250000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Evidencing insurance coverage to the Certificate Holder shown below, who is also named as an Additional Insured, with regard to insured's use of a city park for an event on September 26, 2007

CERTIFICATE HOLDER CITYPO1 City of Portland 389 Congress St Portland ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN 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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  Michael J. Dufour, CIC
--	--

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



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



Notice: Parks & open spaces are designated *tobacco-free* zones. Please pass this along to participants.

Today's Date: 6/18/2007		Your Name: Jonathan Tindal	
Business ~ Organization: True North Events and Catering			
Address: 350 Townsend Ave.			
City: Boothbay Harbor		State: ME	Zip Code: 04538
Contact Name (s): Jonathan Tindal		Title: Sales Representative	
Telephone: 207-831-4438	Work: 207-633-1013 x. 26	Cell: 207-831-4438	Fax: 207-633-2923
E-mail Address: jtindal@truenorthevents.net		Other:	

Name of EVENT and area or facility to be used <i>(please Describe event / please be Specific)</i> "Bean's Best Celebration" to be held in Lincoln Park. Catered event with band. No children.		
Date(s) Requested: September 26, 2007	Time(s): 8:00 am – 8:00 pm	Actual Time of Event: 3:45 – 5:30 pm
Rain Date: <i>(Add 50% of permit fee to total amount if rain date is needed):</i>		Estimated Number of Participants: 1800
If you require parking, what will be the anticipated need be and how will you provide it? Guests will be parking at Merrill Auditorium		
Will you provide bathroom facilities? <i>(There may be a \$25 + cleaning fee charged if existing bathroom facilities are used.)</i> Restrooms at Merrill Auditorium		
List any materials, equipment, vehicles, etc., to be placed on city property <i>(please be specific.)</i> (2) hex tents, (4) 20x20's, 12'x16' stage, tables, gas grills.		
Special Needs or Requirements (electricity ~ \$5 per hour charge / water hook-up, etc.) Electricity for brewing coffee.		

By returning this form, (should permission be granted to use city property), the above parties agree to indemnify and hold harmless the City of Portland, its employees and agents, from and against all claims arising out of activities during said event.

**INSURANCE– PLEASE HAVE "CITY OF PORTLAND, MAINE" LISTED AS ADDITIONAL INSURED - MINIMUM \$400,000.
(This insurance may not be required for some events.)**

**PERMIT FEES: \$40 for first hour plus \$35 per each additional hour (Example: 3 hour event - \$110)
Additional fees may be required: park security deposit, electricity fee, barricade 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.

**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 Musgrave
207-756-8275 vm211 ~ Fax 207-756-8279 email: tvn@portlandmaine.gov**

For Office Use Only

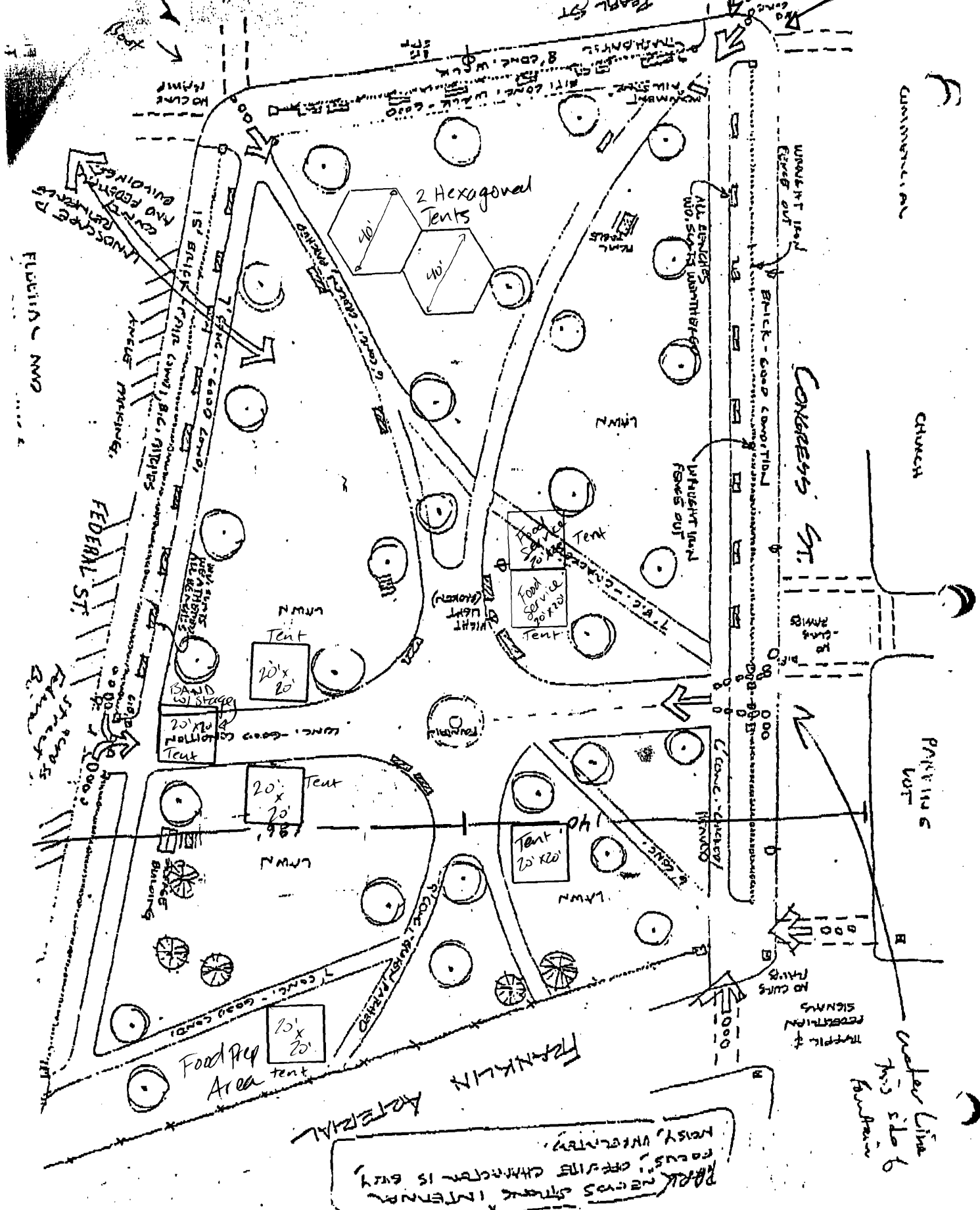
Date Received:		Reviewed By:		Approved:	
Certificate of Insurance		Permit Fee \$		Other Fees \$	
				Security Deposit \$	

Comments:

Total Est. Time: 20 hours, 9 minutes — Total Est. Distance: 1251.04 miles

L.L. Bean - "Bean's Best" Celebration (7/26/07) Guests will likely enter here (as they exit from Merrill Auditorium).

Events and Catering



PARK NEEDS STRONG INTERNAL FOCUS; OFFICE CHARACTER IS BUSY, NOISY, UNCLE TOMMY.

under line to this side to fountain

TRAFFIC & PROTECTION NO CUTS

CHURCH

PARKING LOT

CONGRESS ST.

FRANKLIN HOTEL

Food Prep Area tent

2 Hexagonal Tents

ALL SEATING W/ WOODEN SEATING

INFUSANT TANK FOODS OUT

Food Service Tent

Hot Service Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

FEDERAL ST.

FULLIN - NMD

LEVELS FINISHING

15' BRICK (FINE GRAIN) B.C. STAIRS

UNPAVED TANK FOODS OUT

BRICK - GOOD CONDITION

TRUCK - CONCRETE

CONC. DRIVEWAY

NMUN

NMUN

NMUN

NMUN

NMUN

BAKES BUILDING

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

20' x 20' Tent

International Tentnology Corp.
15427 - 66th Ave.
Surrey, BC, Canada V3S 2A1
tel: 604 597-8368 fax: 604 597-8749

tentnology

TO WHOM IT MAY CONCERN

FLAME RETARDANCY

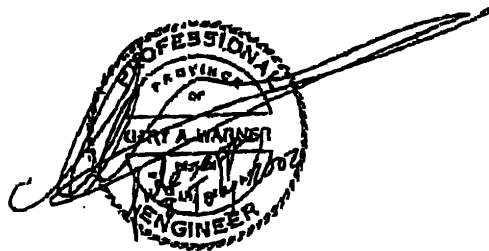
This is to certify that the fabric used to manufacture Tentnology® Marquee, Saddle Span, Mega and Max Headroom tents and fabric structures satisfies the following specifications for flame retardancy:

- ULC S109 M 1987
- NFPA 701 Large Scale Test
- State of California Fire Marshall
- Underwriters Laboratory - Method 214
- National Coal Board Specification 245/1961 for flame retardancy

Tentnology® tents with Tentnology original manufactured parts display the flame certificate on the label for the first two of these - Underwriter's Laboratory and National Fire Prevention Association.

Mega tents also satisfy European M2 requirements & display the mark on the selvage edge of the fabric seams.

Yours truly,
TENTNOLOGY CO.



toll free Order line Canada & USA 1 800-663-8858

international + 800-627-78337

tent@tentnology.com

<http://www.tentnology.com>