

Requested/Approved:
Fire _____ / _____
Zoning _____ / _____
Police _____ / _____
Public Services _____ / _____
Treasury _____ / _____

Fee: \$35.00 per day

City of Portland
Office of the City Clerk
389 Congress Street
Portland, ME 04101
(207) 874-8557

Single Concert / Dance Permit Application

If concert/dance is proposed for outdoors, in a park or on city property, have you obtained the necessary permits from Public Services? Yes No. If no, please contact them at 874-8826.

Business/ Group Name(s): Hospice of Southern Maine

Mailing Address: 180 US Route One Scarborough ME 04074

Business Address: 11

Applicant/Contact Person's Name: Nichole Greaves

Daytime Phone Number: 207-289-3643

Phone number where we can reach you on the day of the event: 207-699-5953

Email address: ngreaves@hospiceofsouthernmaine.org

Name of Festival/Event: Twilight in the Park

Location of Event: Deering Oak Park, Portland

Date of Event: 9/26/14 Time of Event – From: 6:30pm To: 8:00pm

Estimated number of attendees: 350

Style of music: (Anytime amplification is involved, give a short description of DJ/band setup, use back of page if a number of bands or musicians are performing) one soloist singing one song

Premises Owner's Name and Address: City of Portland (Deering Oaks Park)

Does the award of this license benefit any City employee? Yes _____ No
If yes, list name(s) and department(s): _____

Read Carefully & Sign:

I/we, understand that any misstatement of material fact in the above application may result in denial of this license or revocation if a license has already been issued.

Signature: Nichole Greaves

Date: 11/19/15

Food Information

Food will be prepared: Off-Site At the event _____ Both _____

Type of food/food items to be served (be as detailed as possible):

coffee, cider, water, apples, donuts - donated by Hannaford
and given to attendees
pizza will be served to volunteers during setup - provided by local pizza
shop.

Name and location of the licensed kitchen where the food is being prepared:

N/A

Date(s) and time(s) of food preparation at the licensed kitchen:

N/A

Attach the following if applicant is **not** licensed in the City of Portland:

- A letter from owner of licensed kitchen authorizing use of that kitchen by the applicant, and/or:
- A copy of the State license for kitchen/restaurant being used, and
- A copy of the City license for kitchen/restaurant being used

Does the issuance of this license benefit any City employee?

No Yes _____ If yes, please explain:

OATH

Applicant, by signature below, understands that this application does not constitute a permit to serve food. The applicant further agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

Signature Michale J. Sheaves Title Development Assistant Date 1/19/15

For more information about the City Codes regarding Temporary Food Service Establishment Licenses, please see Chapter 11 of the Code of Ordinances at www.portlandmaine.gov/citycode

Email Sent:	Dept.	Approval Received:	Fee:
_____	Fire	_____	Cash: _____
_____	Health	_____	Check #: _____
_____	PD	_____	Charge: _____
_____	Public Services	_____	
_____	Treasury	_____	
_____	Zoning	_____	

HOSPICE OF SOUTHERN MAINE
180 US ROUTE 1 #1
SCARBOROUGH, ME 04074

TD BANKNORTH, NA
Portland, ME 04101
52-7445/2112

CHECK NO. **018828**
18828

PAY * THIRTY-FIVE AND XX / 100 *

DATE **01/26/2015** AMOUNT **\$ 35.00**

TO THE ORDER OF
City of Portland

MTR

⑆018828⑆ ⑆211274450⑆ 0241015280⑆

HOSPICE OF SOUTHERN MAINE
01/25/15 01252015-PORTLAND

Invoice Description
Concert Permit TIP 2015

Invoice Amount \$35.00
Discount Taken \$0.00
Amount Paid \$35.00

Vendor: CITYPO City of Portland Check #: 18828 Check Date: 01/26/15

\$35.00 \$0.00 \$35.00