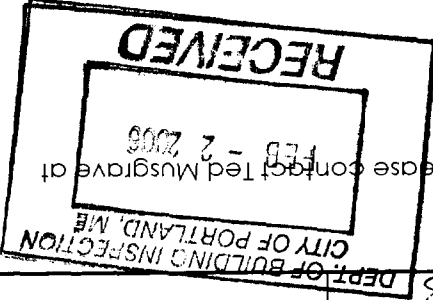


#027

Submit Application to Room 315, Portland City Hall, 389 Congress Street, Portland, ME 04101
 207-874-8703; fax 207-874-8716. Please allow 10 Business Days for processing.

Tent Permit Application

If you or the property owner owns 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 of Construction: <u>Ryerson Park, 30-62 Baxter Blvd</u> | |
| Date of Tent setup: <u>Sat May 20, 2006</u> | Date of Tent breakdown: <u>Sat May 20, 2006</u> |
| Tax Assessor's Chart, Block & Lot Chart # <u>158</u> Block # <u>A</u> Lot # <u>024</u> | Owner: <u>City of Portland</u> Telephone: <u>Ted Musgrave</u> <u>207-874-8793</u> |
| Lessee/Buyer's Name (if Applicable) Applicant name, address & telephone: <u>114 Ryerson Blvd</u> <u>Nashua NH 03063</u> <u>800-757-0003</u> | Fee: \$ 30.00  |

The following must be included as submissions:

1. Certificate of Flammability
2. Letter of approval from property owner. If the City is the owner, please contact Ted Musgrave at Parks & Recreation @ 874-8793
3. Plot Plan showing the following:
 - i. Property lines
 - ii. Parking
 - iii. Existing Building locations
 - iv. Tent locations, including dimensions of all tents, exits and entrances in tent.
4. If the City is the property owner, Certificate of Insurance listing the City as Additional Insured. Minimum amount of coverage is \$400,000.00

Whom should we contact when the permit is ready: Abby Ross: 603-598-8191 and Susan Palko: 207-839-316

Mailing address: 114 Ryerson Blvd Units 6+H
Nashua NH 03063
PHONE: 603-598-8191 / 207-839-316
Cumberland, ME 04021

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER WILL BE ISSUED AND A \$100.00 FINE LEVIED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

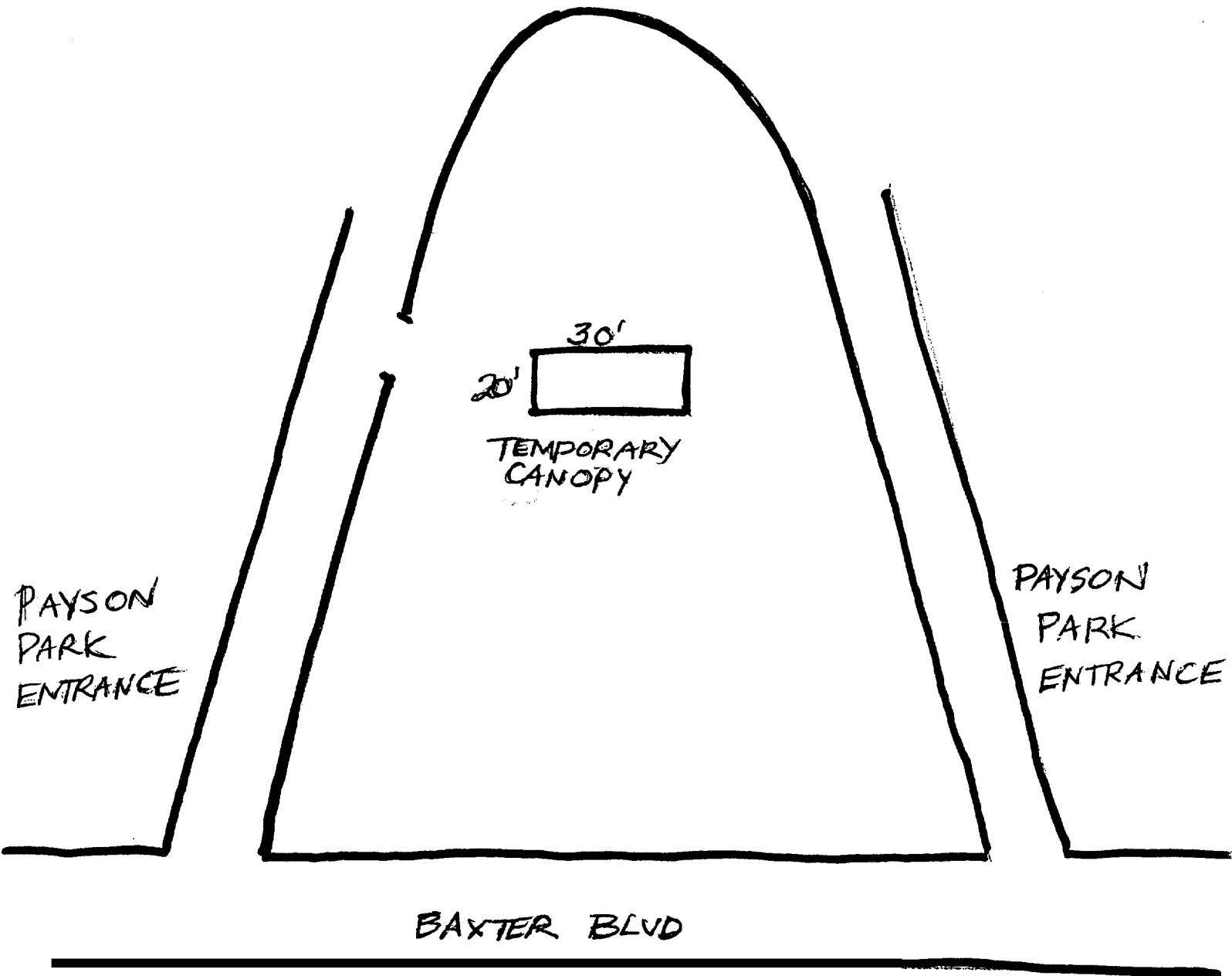
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature]
 Lindsey Marshall
 Office Services Coordinator
 Date: 1/20/06

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

RE: CYSTIC FIBROSIS FOUNDATION/
GREAT STRIDES WALK

MAY 20, 2006



Certificate of Flame Resistance

REGISTERED
APPLICATION
NUMBER

F121.4



ISSUED BY



EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture
3/12/99

Order Number
215958

This is to certify that the **materials** described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

HANDYMAN EQUIPMENT RENTAL

#13616-1

357 RIVERSIDE ST.

PORTLAND

ME

04103

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.

The method of the FR chemical application is:

Serial #:

81 15930

(0001)

Description of item certified:

A P CPY TOP 20W X 30 VL B W

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

JOHN BOYLE & CO
STATESVILLE, NC

Name of Applicator of Flame Resistant Finish

Signed:

TENT DEPARTMENT—ANCHOR INDUSTRIES INC.

MacIntyre Fay & Thayer Ins Agy
 7 Accord Park Drive Unit B-1
 Lowell MA 02061
 Phone: 781-261-2000 Fax: 781-261-2099

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Cystic Fibrosis Foundation
 6931 Arlington Road
 Bethesda MD 20814

INSURER A CNA Insurance Co.
 INSURER B American Zurich Insurance Co
 INSURER C
 INSURER D
 INSURER E

| ISR ADD TR INSR | TYPE OF INSURANCE | POLICY NUMBER | DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|-----------------|---|--|-----------------|-----------------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | C1057198720 | 01/01/06 | 01/01/07 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | | | | | MEDEXP (Any one person) | \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | C1064080919 | 01/01/06 | 01/01/07 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | 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 AGG | \$ |
| B | EXCESSIUMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0 | AUC930231504 | 01/01/06 | 01/01/07 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | WC164080922 ADD'L INS. DOES NOT APPLY | 01/01/06 | 01/01/07 | WC STATUTORY LIMITS | OTHER |
| | | | | | E L EACH ACCIDENT | \$ 1,000,000 |
| | | | | | E L DISEASE-EA EMPLOYEE | \$ 1,000,000 |
| | | | | | E L DISEASE - POLICY LIMIT | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

PORTCIT
 City of Portland
 17 Arbor St.
 Portland ME 04103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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
Ronald M. Chaves