

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that ME Children's Cancer Program Located At 427 OCEAN AVE

Job ID: 2012-08-4805-SE

CBL: 159-G-001-001

has permission to 2 Tents - 9/14 to 9/15/12. 20'x20' & 40'x40'

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

James Bouke 9/11/12
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-08-4805-SE

Located At: 427 OCEAN AVE

CBL: 159- G-001-001

Conditions of Approval:

Building

1. This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.

Fire

Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.

If the sides of the tents are to be enclosed at least two remotely located and marked exits shall be provided.

Fuel-fired heating equipment and propane tanks shall be installed outside of the tents and not within 5 feet of the tents or an exit discharge.

Cooking within the tents has not been reviewed and approved.

2012-8-4805-SE



Tent/Canopy or Temporary Event Staging Permit Application

AUG 24 2012

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: <u>Payson Park</u>			
Date of Set up/Event <u>Friday, 9/14/12</u>		Date of Breakdown/ End of Event <u>Saturday, 9/15/12</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>159</u> Block# <u>G</u> Lot# <u>1</u>	Property Owner: <u>City of Portland</u>	Telephone: <u>756-8275</u>	
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>Maine Children's Career Program 22 Bramhall Street Portland, ME 04102</u>	Fee: \$30.00 + \$30.00 <u>(two tents)</u>	
<p>The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.</p> <ol style="list-style-type: none"> Certificate of Flammability 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). Company name of installer (contact info). <u>Tents for Rent (Don Richards) 778-3847</u> Plot Plan showing the following: <u>719 Farmington Falls Road, New Sharon, ME 04955</u> 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). 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>Carrie M. Logan</u> Address: <u>Prichard, PO Box 9546 Portland, ME 04112-9546</u> Telephone: <u>(207) 791-3214</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.			

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Susan Dolner Date: 7-24-2012

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

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAMTON, NEW YORK 13902
*Manufacturers of the Finest
Tent Products Described Herein*

Date of Manufacture

June 1997

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME: TENTS FOR RENT

CITY: NEW SHARON

STATE: ME

Certification is hereby made that:

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.


Type, color and weight of material: 14 oz Vinyl White

Description of item certified: 20 x 30 Traditional Tent

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

Snyder Manufacturing, Inc.

Manufacturer of Flame Retardant Vinyl Laminates



TENT DEPARTMENT, JOHNSON OUTDOORS INC.

*Large Scale

~~The Tent will be set up on the 26th
and taken down the 27th~~

Thank you

TENTS FOR RENT

DON RICHARD

719 FARMINGTON FALLS RD

NEW SHARON, ME 04955

Tel 775-3847

Cell 576-6371

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAMTON, NEW YORK 13902
*Manufacturers of the Finest
Tent Products Described Herein*

Date of Manufacture

FEB 2002

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME: MIKE'S TENT

CITY: FARMINGTON STATE: ME

Certification is hereby made that:

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.

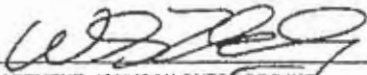
Type, color and weight of material 12 OZ. Vinyl WHITE

Description of item certified: 20X30 PARTY CANOPY

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

Snyder Manufacturing, Inc.

Manufacturer of Flame Retardant Vinyl Laminates


TENT DEPARTMENT, JOHNSON OUTDOORS INC.

*Large Scale



CITY OF PORTLAND, RECREATION and FACILITIES MANAGEMENT
PUBLIC PARK & SPACE APPLICATION (3 pages)
 134 Congress St. ~ Suite 2 ~Portland ~ ME ~ 04101
 207-756-8275 ~ Fax 207-756-8279
 tvn@portlandmaine.gov

For uses of city property, there are typically: 1. fees charged for use of the area
2. a security deposit required 3. insurance required
(There may be fees due and applications required from other City Departments)

TODAY'S DATE	November 2, 2011	ORGANIZATION NAME	Maine Children's Cancer Program				
ORGANIZATION ADDRESS	100 Campus Drive #107	CITY	Scarborough	STATE	ME	ZIP	04074
CONTACT NAME(S)	Lianna Doane, MCCP Development Coordinator					TITLE	
HOME #		WORK 662-6274	CELL		FAX	662-2792	
EMAIL	doanel@mmc.org		EMAIL				

PARK AREA OR PUBLIC SPACE REQUESTED	Payson Park, the first entrance, (Dyer's Flat Parking area) and Back Cove Walkway					
EVENT DAY & DATE(S)	Saturday, September 15, 2012		RAIN DAY & DATE(S)	None		
EVENT START TIME (i.e. set-up start time)	7:00 AM	EVENT END TIME (i.e. when event cleanup is complete)	1:00 PM	ACTUAL START & END TIME OF EVENT	Walk starts at 9:00 AM. End at 12:00 PM	

EVENT NAME	EXPECTED ATTENDANCE
Maine Children's Cancer Program WALK	1500-2000

DESCRIPTION OF EVENT: Please be specific regarding area of public space/park and describe Event in detail.

MCCP Annual WALK
 Payson Park triangle grass area and Back Cover walkway (closing first entrance to traffic). see map.

IS THERE A REGISTRATION FEE? no	no
IF YES, HOW MUCH?	FEE \$
	STUDENT FEE \$

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN?

PLEASE CHECK OFF AND ANSWER:

PLEASE SEE ATTACHED FEE SCHEDULE / DEPT. INFORMATION IF YOU ANSWER YES

	X-YES	X-NO	X-NOT SURE
* Are you setting up a canopy(s) ? (canopy is 10x10 size) How many: Canopies in large areas (Monument Square, Deering Oaks, Payson Park, Lincoln Park, Preble Street Grass Area), do not need Recreation's review. For smaller parks and squares (such as Congress Square, Tommy's Park, Post Office Park) review and permission is needed from Recreation.			
* Do you wish to set up a tent(s) ? (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections for information on their application process / PLEASE give them at least a 2-week notice). Recreation will contact Inspections once the tent location is approved so that the Tent Permit Application may go forward. State size(s): Exact Location(s) of Tent Placement Requested: In order to drive tent stakes into the ground, DIG SAFE must be contacted: 888-344-7233.	YES 2 TENTS 40X40 AND 20X20		

*	Will you be setting up tables and/or chairs ? How many tables: 30 chairs: 35	YES		
*	Are other items or equipment being placed on City property ? (i.e. Moon Bounce, Dunk Tank, Radio Station Van, Helium Tank, etc.) Please List:	YES		
*	Will there be refreshments at the event? Do you wish to sell food ? (If so, you will need approval from Recreation) List food and drink: A Temporary Food Service License (from the City Clerk's Office) is needed, even if food is given away (and even if it is pre-packaged). PLEASE give the Clerk's Office at least a 2-week notice.	YES		
*	Do you wish to sell non-food items (like T-shirts, crafts, cd's, etc.) ? If so, you will need approval from Recreation, and you will need to apply for a Street Goods Vendor License(s) at the City Clerk's Office. List items you wish to sell:		NO	
*	Are you setting up a PA (sound) system ? Are you planning on having Amplified Music ? If so, your event requires a concert license from the City Clerk's Office. (Just voice – i.e. Press Conference, would not require the license because it is not music). For amplified music/speech, there are time restrictions for the Downtown Parks & Squares (music limited to 11:45am – 1:15pm, and 1 hour between 5pm - 8pm).	YES		
*	Will your event require electricity ? Electricity is available at some of the parks & squares (Deering Oaks Park, Monument Square, Congress Square, Tommy's Park, Post Office Park, Payson Park, Preble Street Grass Area, Eastern Prom, Fort Allen Park). Some of these electrical boxes need a key for access.	YES		
*	Are you planning on bringing a Grill for a Barbecue ? Only Gas Grills are allowed in the parks (NO CHARCOAL). Grilling is subject to weather conditions and possibly Fire Dept. review.		NO	
*	Will the event require reserved parking spaces / parking meters ? How many? "No Parking" signs may be purchased at Public Services, 55 Portland Street.	YES		
*	Will your event need safety vests, signs, barricades and/or cones ? Please list what you would like to borrow: A few orange vests and cones may usually be borrowed from Recreation. Barricades and signs are borrowed from Public Services, Customer Service.	YES		
*	Will your event require street closures ? (Please be specific under "Description of Event")	YES		
*	Will your event require Police assistance? An event such as a road race, march in the street, or parade would typically require police assistance.	YES		
*	Will your event require Fire/EMS assistance?		NO	
*	Will your event require porta-restroom rental(s) or need existing porta-restrooms cleaned? (Some of the parks already have porta-restrooms. Event participants may use these, but a \$25 fee is assessed for events where attendance is 150 or more.)	YES		
*	Do you wish to have a banner over the street to advertise your event ? (Banners hung over Congress St. or Baxter Blvd). Banner inquiries directed to Vicki Allen, Recreation.		NO	

INSURANCE CERTIFICATE INFORMATION

*	Will your event require liability Insurance? (For an event such as a walkathon, race, festival, press conference, concert, etc., the city requires insurance coverage - general liability. The City of Portland needs to be named as additional insured in regards to the event activities on that date). If your event has been approved for serving food, Product Liability is also required, in addition to General Liability.	YES		
◆	If you answered yes, please have "City of Portland, Maine" listed as additional insured on the certificate (minimum coverage: \$400,000) and have your insurance company fax a copy to Recreation: 207-756-8279 or e-mail to: tvmm@portlandmaine.gov			

RECREATION POLICIES

ELECTRICITY

All cords in the public way must be covered by rugs, mats or orange cones to avoid public hazard. If weather is inclement (drizzle, rain, snow, etc.) we require that you **not use** electricity.

BARBECUES - GAS GRILLS ONLY

Only GAS GRILLS are allowed in parks/public spaces – i.e. No Charcoal Grills. Barbecuing must first be approved by Recreation and is subject to weather conditions, and possible further review by the Fire Dept. Grills must be set up away from children's activities. You must bring a fire extinguisher with you to the grilling area.

PORTA-RESTROOMS / BATHROOM FACILITIES

Porta-Restrooms are required for large events and events where food is being served. Some of Portland's parks already have portable restrooms (*Preble Street Grass Area at the Preble Street Parking Lot – across from Hannafords, *Entrance to Dyer's Flat – beside Payson Park, *Deering Oaks Park – across from the Playground, *East End Beach). If over 150 people are expected to attend the event, a **user fee is required (paid to Recreation)**. The restrooms are cleaned M, W, & F. If you would like to guarantee that they are cleaned just prior to your event, then you need to call the porta-restroom company (Royal Flush, 883-0884, M-F) to request and pay for a cleaning.

Cleanings are \$45.

TRASH

All groups must abide by our Carry In/ Carry Out Policy. Please bring extra trash bags and/or trash receptacles and remove all trash. You will need to haul all of your trash out of the park/public space or forfeit the security deposit(s). The area will be checked following your event and if the park is clean and conditions for use adhered to, your security deposit will be returned to you. Thank you in advance!

PARKING ON GRASS AREAS

Portland Recreation has a strict policy that prohibits vehicles from parking on grass areas. \$10 will be deducted from your security deposit for each vehicle parked on grass. **Any tire ruts/damage to the grass areas would mean a forfeit of your security deposits.**

TOBACCO FREE ZONES

By city ordinance, smoking is prohibited at and within 20 feet of the following outdoor recreation and event areas: downtown squares and plazas, trails, parks, playgrounds, beaches, and athletic facilities. Please make sure you pass this information along to participants / spectators at the event.

NOTIFICATION

REVOCABLE PERMIT

- ◆ The City reserves the unconditional right to control or cancel events to protect and/or prohibit damage to public property.
- ◆ The City reserves the unconditional right to revoke or revise an issued permit.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE POLICIES	TYPE INITIALS	SD	DATE	OCT 13, 2010
---	----------------------	-----------	-------------	---------------------

ASSUMPTION OF RISK & LIABILITY

Users of the area agree to accept the grounds in an "as is" condition and shall be responsible for all risk and liability in using the park/public space area for the said event. 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.

I have read the Assumption of Risk & Liability Agreement	TYPE INITIALS	SD	DATE	OCTOBER 13, 2010
---	----------------------	-----------	-------------	-------------------------

CREDIT CARD INFORMATION

Visa or MasterCard Number				Exp Date (Mon/Yr)	
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CREDIT CARD WILL ONLY BE CHARGED FOR SECURITY DEPOSIT(S) AS NEEDED

PLEASE MAKE CHECKS PAYABLE TO "CITY OF PORTLAND"

PLEASE RETURN FORM AT LEAST 30 DAYS IN ADVANCE TO:

TOTAL AMOUNT(S) DUE TO RECREATION (Please make all security deposit checks out separately)

Permit Fee for use of area: \$40 first hr. plus \$35 each additional hr. (i.e. a 3 hour event totals \$110) If your event is rained out / cancelled, the bulk of the fee is returned (however \$40 is non-refundable) Number of Hours of Use:		Vest, Barricade, Cone Deposit: \$10 per/item	
Electricity: \$5per/hr		Public Space / Park Security Deposit: \$100	
Key Deposit: \$50 per key		Other (Porta-Restroom User Fee, etc.)	

FOR OFFICE USE ONLY

DATE REC'D APPLICATION	10-13-2010	DATE REC'D INSURANCE	NEED	PERMIT FEE AMT REC'D	\$ NEED	SECURITY DEPOSIT	\$ NEED
PAYMENT TYPE							
VISA	\$	MC	\$	CK #	CK AMOUNT	\$	CASH AMT \$

MCCP Walk Map Payson Park

updated

CHEVERUS
HIGH
SCHOOL

PARKING

tent stakes will be min 10 feet from roads.

VOLUNTEER PARKING
Road CLOSED

14 PORT-O-POTTIES

TENT
FOOD TABLET
8 tables

FACE
PAINTING

14 tables
TENT
REGISTRATION

PAYSON PARK

93 Coast Van on street not grass

SOUND
W/MGX W/MAN

POWER BOX

Closed

POLICE

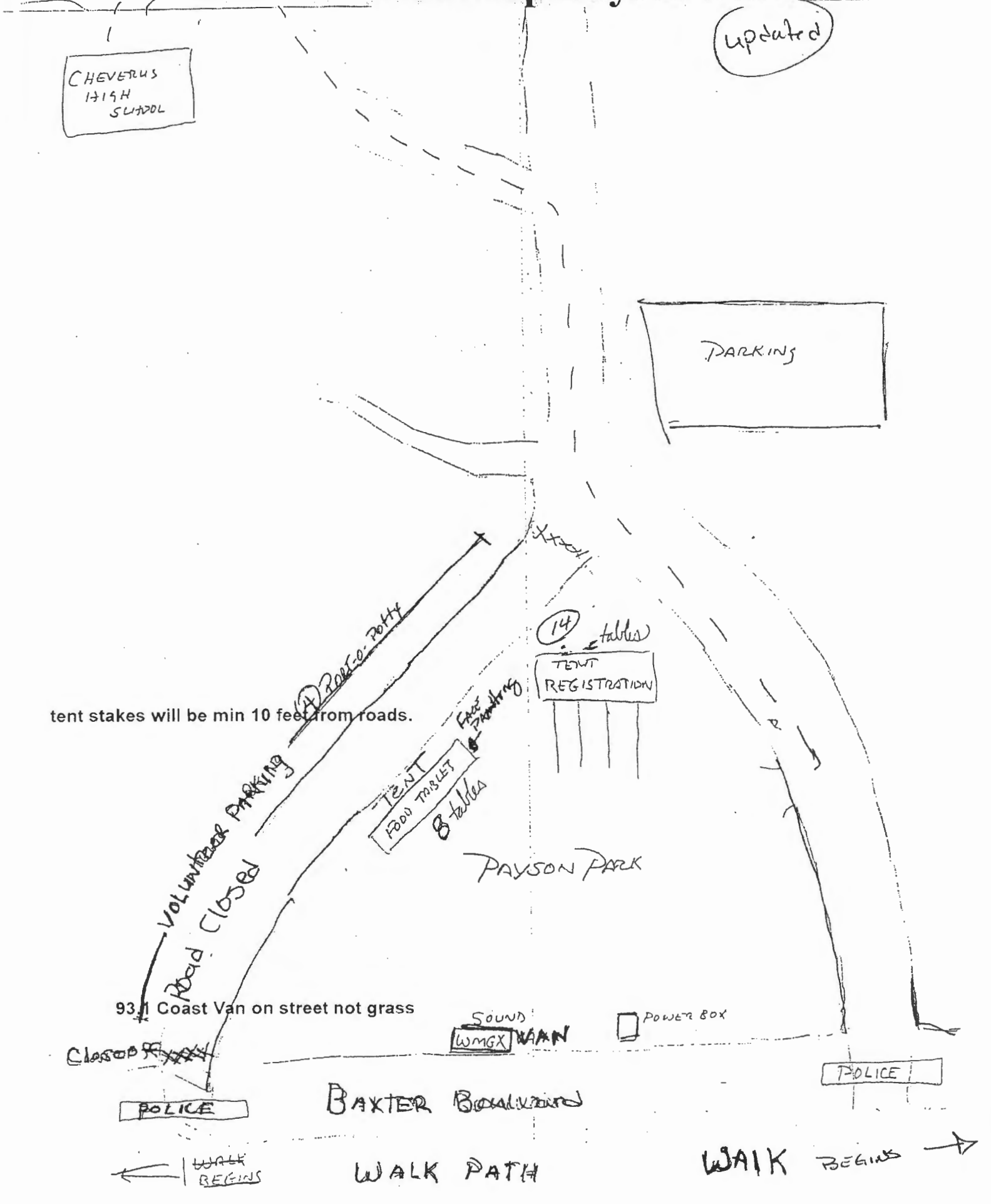
BAXTER BOULEVARD

POLICE

WALK BEGINS ←

WALK PATH

WALK BEGINS →



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/25/2012

PRODUCER
MEDICAL MUTUAL INS. CO. OF MAINE
ONE CITY CENTER, PO BOX 15275
PORTLAND, ME 04112-5275

INSURED
MAINEHEALTH
110 FREE STREET
PORTLAND, ME 04101

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#
INSURER A: MEDICAL MUTUAL INS CO OF ME	
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 POLICES 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 LTR	ADD1 NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2011	10/01/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000								
		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 <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	EL EACH ACCIDENT	\$	EL DISEASE - EA EMPLOYEE	\$	EL DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTH-ER													
EL EACH ACCIDENT	\$													
EL DISEASE - EA EMPLOYEE	\$													
EL DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 IT IS HEREBY AGREED AND UNDERSTOOD THAT THE CITY OF PORTLAND, MAINE IS AN ADDITIONAL INSURED UNDER THE ABOVE DESCRIBED POLICY WITH RESPECTS TO TENT RENTALS FOR THE MAINE CHILDREN'S CANCER PROGRAM WALK ON SEPTEMBER 15, 2012.

CERTIFICATE HOLDER
 CITY OF PORTLAND
 389 CONGRESS STREET
 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 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
Veronica J. Sheehan, M.A. , PRESIDENT

August 21, 2012

City of Portland Building Inspection Office
Portland City Hall
ATTN: Lannie Dobson
389 Congress Street, Room 315
Portland, ME 04101

RE: Tent/Canopy Permit Application/Maine Children's Cancer Program

Dear Lannie:

Enclosed please find a Tent/Canopy Permit Application on behalf of Maine Children's Cancer Program for the 2012 MCCP WALK to be held at Payson Park on 9/15/12.

The \$60.00 representing the fee for same is included in a \$930.00 check forwarded recently to the City Clerk (also comprising \$250.00 for the Parks & Rec Permit/use of Payson Park, \$500 Security Deposit, and \$120 for the Food and Concert permits). I apologize for any inconvenience this causes the City. Please contact me at 791-3214 if you have any questions. Thank you.

Sincerely,



Carrie M. Logan

Enclosures



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life - www.portlandmaine.gov

Copy
Revised 7/26/2007

REPORT OF RECEIPTS

To the Director of Finance, City of Portland, Maine
From the City Clerk Department

Thursday, August 23, 2012

Control #
12000001

For Period:

Fiscal Year:

Month:

H.T.E. Description (15 chars):

DETAILS	Amount	Revenue/Expense or Short Code	Project	RECAP
Maine Children's Cancer Walk				Reserved for Treasury Stamp
15-Sep-12				
Maine Medical Center Check #2319922				C 1
CC-Single Concert/TFSE permits	\$120.00	100-1200-322-00-00		
Planning- Tent Permit	\$60.00	100-2402-326-03-00		
Rec. & Facilities	\$750.00	100-3314-321-00-00		
				TOTAL RECEIPT COMPRISED OF
				ACH:
				Cash:
				Checks: \$930.00
				Credit Card:
				Notes:
				Offsite Dep:
				Wires:
NOTE:	TOTAL:	\$930.00		TOTAL: \$930.00

COPY

The Authorized Agent certifies that this is a true, complete report of all collections made since the date of their last report.

Authorized Agent: Carolyn M. Dorr Phone#: 756-8385
Carolyn M. Dorr

Distribution: Original to Treasury / Copy 1 Finance Accounting / Copy 2 to back to Authorized Agent

MCCP Walk Map Payson Park

Updated

CHEVERUS
HIGH
SCHOOL

PARKING

tent stakes will be min 10 feet from roads.

14 tables
TENT
REGISTRATION

TENT
FOOD TRUCKS
8 tables
Face Painting

PAYSON PARK

93.1 Coast Van on street not grass

SOUND
W/MGX W/MAN

POWER BOX

POLICE

POLICE

BAXTER BOULEVARD

← WALK BEGINS

WALK PATH

WALK BEGINS →

VOLUNTEER PARKING
Road CLOSED

Police 2014

Closed

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/25/2012

PRODUCER
MEDICAL MUTUAL INS. CO. OF MAINE
ONE CITY CENTER, PO BOX 15275
PORTLAND, ME 04112-5275

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INSURED
MAINEHEALTH
110 FREE STREET
PORTLAND, ME 04101

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: MEDICAL MUTUAL INS CO OF ME	
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 POLICES 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2011	10/01/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000								
		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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - EA EMPLOYEE	\$	EL DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
EL EACH ACCIDENT	\$													
EL DISEASE - EA EMPLOYEE	\$													
EL DISEASE - POLICY LIMIT	\$													
		OTHER												

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

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE CITY OF PORTLAND, MAINE IS AN ADDITIONAL INSURED UNDER THE ABOVE DESCRIBED POLICY WITH RESPECTS TO TENT RENTALS FOR THE MAINE CHILDREN'S CANCER PROGRAM WALK ON SEPTEMBER 15, 2012.

CERTIFICATE HOLDER

CITY OF PORTLAND
389 CONGRESS STREET
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 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

Terence J. Sheehan, III , PRESIDENT



Inspections Division
389 Congress Street
Room 315
Portland, Maine 04101

To Whom It May Concern:

The Certificate of Insurance for the Maine Children's Cancer Program Walk, taking place on Saturday, September 15th, 2012 at 9 am, has been updated since it was last submitted with the application. The COI is included with this letter. Please refer to the cover letter from Carrie Logan that was dated on August 21st, 2012. If you have any additional questions or concerns please call Carrie Logan at 207- 791-3000. We thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly Thomas', written over a horizontal line.

Kimberly Thomas
Maine Children's Cancer Program
Development Coordinator





MAINEHE-01

SWILLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER TD Insurance, Inc. PO Box 406 Portland, ME 04112	CONTACT NAME:	PHONE (A/C, No, Ext): (800) 723-2877	FAX (A/C, No): (877) 775-0110
	E-MAIL ADDRESS:		
INSURED Maine Medical Center dba Maine Children's Cancer Program 100 Campus Dr., #102 Scarborough, ME 04074	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : New Hampshire Insurance Company		23841
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	GENERAL LIABILITY	X		TBD	9/15/2012	9/16/2012	EACH OCCURRENCE	\$ 1,000,000					
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000					
							CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)	\$ Excluded				
												PERSONAL & ADV INJURY	\$ 1,000,000
												GENERAL AGGREGATE	\$ 2,000,000
												PRODUCTS - COMP/OP AGG	\$ 1,000,000
													\$
												COMBINED SINGLE LIMIT (Ea accident)	\$
												BODILY INJURY (Per person)	\$
												BODILY INJURY (Per accident)	\$
												PROPERTY DAMAGE (Per accident)	\$
													\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$					
	EXCESS LIAB						AGGREGATE	\$					
								\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHE-R					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$					
							E.L. DISEASE - POLICY LIMIT	\$					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Fundraising walk - September 15, 2012.
Additional Insured status applies per attached form: CG 20 12 07 98

CERTIFICATE HOLDER

CANCELLATION

City of Portland
389 Congress Street
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

TD Insurance, Inc.

ENDORSEMENT # 1

THIS ENDORSEMENT EFFECTIVE: 12:01 A.M., August 24, 2012

FORMS A PART OF POLICY NO. 31180971

ISSUED TO: Maine Medical Center dba Maine Children's Cancer Program

BY: NEW HAMPSHIRE INSURANCE COMPANY

The Additional Insured - State or Political Subdivisions - Permits Endorsement CG 20 12
07 98 is amended as attached

All other terms and condition remain the same.

A handwritten signature in black ink, appearing to read "J. T. Costello". The signature is written in a cursive style with a horizontal line underneath the name.

AUTHORIZED SIGNATURE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Political Subdivision:

City of Portland
389 Congress Street
Portland, ME 04101

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
 - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".