

Permit # 05-1269

66 ISSUED 9/9/05

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

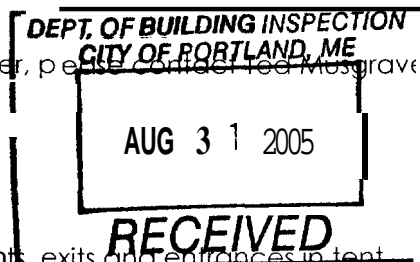
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Date of Tent setup: <u>9/10/05</u>		Date of Tent breakdown: <u>9/11/05</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>443</u> Block# <u>A</u> Lot# <u>001</u>		Owner: <u>CITY OF PORTLAND</u>	Telephone:
Lessee/Buyer's Name (If Applicable)		Applicant name, address & telephone: <u>ALS ASSOCIATION, NORTHERN NEW ENGLAND CHAPTER ONE MAIN ST, SUITE 13 WINCOSKI, VT 05404</u>	Fee: \$30.00

Preble St.

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 Mosgrave 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: CORY GARDNER
 Mailing address: 315 PHIPPS POINT ROAD
 WOOLWICH, ME 04579

PHONE: 207-443 4300

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.

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Fax to 874-8716

This is the Flamability Cert.
for the Canopy to be used for
the A.F.S.P. walk at Back Cove
on September 11th.

342 U.S. Route #1 • Scarborough, Maine 04074

Certificate of flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

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

Date of Manufacture

January 1998

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: A Plus Party Rental
CITY Scarborough 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 material: 12oz Vinyl White

Description of item certified: 20x20 Party Canopy Top

**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

Jan Snyder
TENT DEPARTMENT, JOHNSON WORLDWIDE ASSOCIATES, INC.

* Large Scale

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: ATLANTIC TENT CO

CITY: FREEPORT 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 14OZ. Vinyl WHITE BLOCKOUT

Description of item certified 20X20 VISTA

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

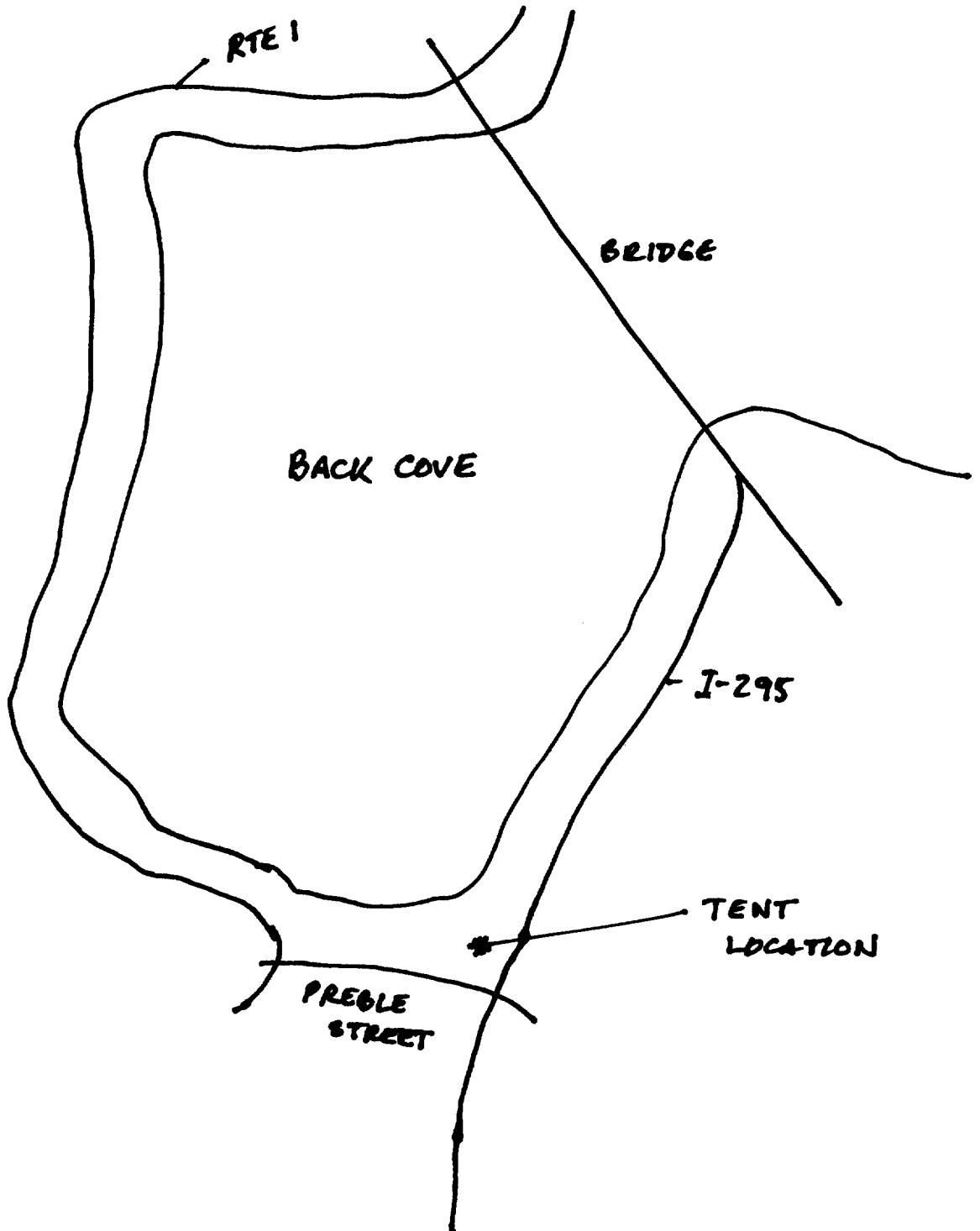
Snyder Manufacturing, Inc.
Manufacturer of Flame Retardant Vinyl Laminates


TENT DEPARTMENT, JOHNSON OUTDOORS INC

*Large Scale

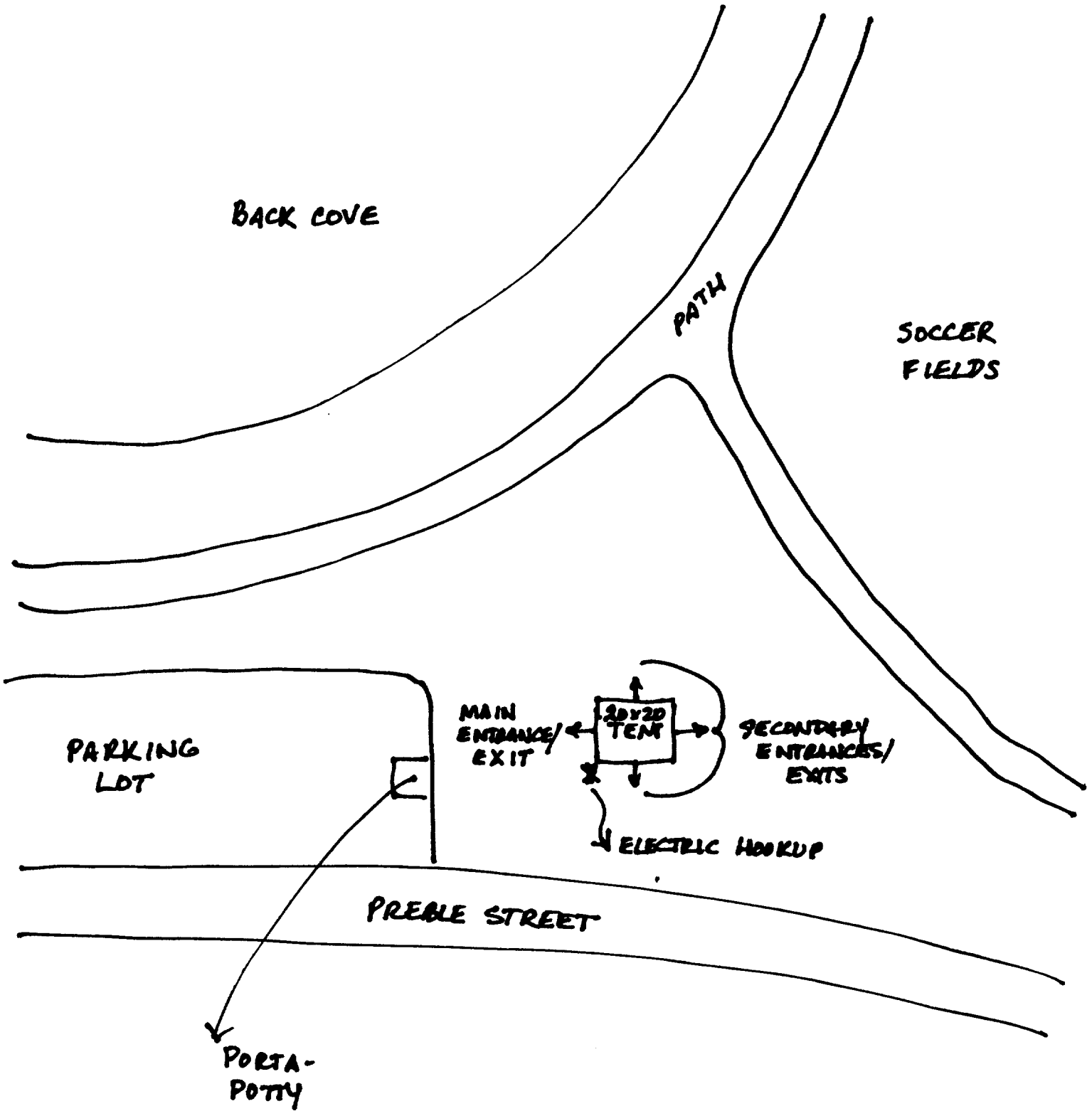
PLAN OF LOCATION OF WALK HQ TENT

BACK COVE PARK, PORTLAND



PLAN OF LOCATION OF HQ TENT

BACK COVE PARK, PORTLAND.



ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE(MM/DD/YYYY) 05/26/2005
PRODUCER PHILIP LEHMAN COMPANY, LTD. 375 RTE 23 S., BUTLER, NJ., 07405 973 492 8600	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 AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 27001 AGUIRA ROAD, SUITE 150 CALABASAS HILLS, CA 91301 818-880-9107	INSURERS AFFORDING COVERAGE INSURER A: CHUBB CUSTOM INS. CO. INSURER B: ST. PAUL SURPLUS LINES CO INSURER C: INSURER D: INSURER E:	NAIC#

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.

LINE	CODE	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	7953-93-75	04/01/05	04/01/06	EACH OCCURRENCE \$1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Anyone person) \$ 10,000. PERSONAL & ADV INJURY \$1,000,000. GENERAL AGGREGATE \$2,000,000. PRODUCTS-COMP/OPAGG \$1,000,000.
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC				
		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 AUTO ONLY: EA ACC \$ AGG \$
B	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	QZ09025030	04/01/05	04/01/06	EACH OCCURRENCE \$5,000,000. AGGREGATE \$5,000,000.
		DEDUCTIBLE \$ RETENTION \$				
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STAT. TOP LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

TED MUSGRAVE, CITY OF PORTLAND PARKS AND RECREATION 134 CONGRESS STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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
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