



CITY OF BANGOR
PARKS & RECREATION

EVENT PERMIT APPLICATION

647 Main Street, Bangor ME 04401
Phone: 992-4490 / Fax: 947-1605

Permitted events are required to adhere to all City policies and ordinances
PERMIT FEE is \$25.00
Make Checks Payable to: City of Bangor

EVENT

Type: <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit/Community Open <input type="checkbox"/> For Profit Open <input type="checkbox"/> City Open <input type="checkbox"/> Other _____	Name of Event: _____ Location: _____ Proposed Date (s): _____ Proposed Time: _____ # of Attendees: _____ (Approx.)
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Please describe what will be happening at this event:

Event Applicant Information:

Contact Name/Organization/Business: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Address: _____ City: _____
E-mail address: _____

Event Contact Information: (During event if different than above)

Contact Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____ City: _____
E-mail address: _____

Is electricity required? Yes No

If yes, specify voltage, what it is needed for and the intended electrical source:

Are you using Tents? Yes No

If yes, how many and who will be providing them:

If Open Event, Restroom Facility Information:

Are you using Portable Toilets? Yes No

If yes...how many? _____

Name & Phone # of Company providing Facilities:

PLEASE BE ADVISED: The City of Bangor requires proof of insurance for use of City property. The type of insurance must be comprehensive general liability or public liability insurance. The insurance should be specific to the proposed event or should cover all activities of the sponsoring organization. The insurance coverage must be, at a minimum, \$400,000 per claim / \$1,000,000 annual aggregate. In an appropriate case, a higher amount of insurance may be required. In order for an event permit application to be approved, a current insurance certificate must be supplied by the applicant with the completed application. The certificate must indicate that the city of Bangor is an additional named insured.

Applicant signature

Date

FOR OFFICE USE ONLY: Requires review, comment and authorization by the following

DEPARTMENT	APPROVED OR DENIED	COMMENTS:	INITIALS & DATE
<i>Police</i>			
<i>Fire Prevention</i>			
<i>Public Works</i>			
<i>Engineering</i>			
<i>Legal</i>			
<i>Parks and Recreation</i>			
		Insurance Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid: \$ _____ Payment Type: _____

----- *For Office Use Only* -----



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EVENT PERMIT

PERMIT

- Approved
 Denied

Name: _____ Location / Park: _____

Date (s): _____ Time: _____

Permit will be mailed to user after insurance certificate has been received. **RESTRICTIONS:** No alcohol is allowed in any park. Fire is not permitted in any park. Vending, peddling, or advertising are not permitted in any park. Remember: you do not have exclusive use of the park. Music and sound from other activities must be kept at a reasonable level so as not to disturb other park patrons. All trash, decorations, etc. must be removed by the user immediately following your event. **IF YOU ARE USING TENTS OR CANOPIES, YOU MAY NEED TO CALL 1-888-DIG SAFE. TENT USE IN CASCADE PARK IS RESTRICTED.**

Tracy Willette, Director of Parks and Recreation

Date