TOWN OF CASCO
Mass Gathering License Application
(Minor, 250 to 499 persons   Major, 500 or more persons)

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<th>For office use only</th>
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<td>Date filed: ____________________________</td>
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<td>Fee paid: ____________________________</td>
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<tr>
<td>Date Ordinance Received: ________________</td>
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<td>Publication Dates: ______________________</td>
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<td>Publication Names: ______________________</td>
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<td>Public Hearing Date: ______________________</td>
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<td>Issued/Denied: ______________________</td>
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Application Fees:
- Non-profit, minor: $1.00
- Non-profit, major: $1.00
- For-profit, minor: $100.00
- For-profit, major: $250.00

This application must be filed with the Town Clerk not less than sixty (60) days before the date of the event. Application must be accompanied by a non-refundable application fee as indicated above.

Name of Applicant (or name of organization and authorized agent):
________________________________________________________________________________________

Is applicant a not-for-profit organization?____________
(If yes, attach a copy of State of Maine and IRS tax exempt certificates.)

Address of Applicant:____________________________________Home Telephone #____________________
Work Telephone #____________________

Name of Event:_______________________________________________________________________________

Location where event will be held:________________________________________________________________

Is this property owned by the applicant?____________
(If no, attach a copy of the contract with or letter of authorization from the owner allowing use of the property for the event.)

Name of Promoter (if different from above):_________________________________________________________

Telephone #:________________________Address:__________________________________________________

Date(s) of Event:___________________________Time (start and finish times):____________________________

Expected Attendance:__________________________________________________________________________

Description of Event (Attach additional sheets if necessary.):___________________________________________
__________________________________________________________________________________________

Will food be sold and/or served at this event?____________

Will alcoholic beverages be sold and/or served at this event?____________
Description of Property:

A. Seating capacity: ________ permanent  ________ temporary  ________ other
B. Standing room: ________ square feet
C. Number of toilets available: ________ permanent  ________ portable
D. Number of parking spaces available: ________ on site  ________ off site
E. Are all parking lots lighted? (Applicable only if event runs into evening hours.)
   ________ yes  ________ no  If no, which lots are not lighted?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

F. Source of potable water:
   ________________________________________________________________

G. Refuse containers available; number and size:
   ________________________________________________________________

H. Name of refuse disposal company. (Attach copy of agreement to pick up refuse or describe plan for proper disposal of waste.)
   ________________________________________________________________

I. When will refuse be picked up?
   ________________________________________________________________

Public Safety:

J. Describe first aid/medical personnel and provisions:
   ________________________________________________________________
   ________________________________________________________________

K. Describe fire/emergency equipment and availability:
   ________________________________________________________________
   ________________________________________________________________

L. Describe communication system:
   ________________________________________________________________
   ________________________________________________________________

M. Number of certified police officers:
   ________________________________________________________________

N. Other security personnel (provide company name and qualifications):
   ________________________________________________________________
   ________________________________________________________________

Traffic Plan:

O. Description of routes persons attending the event are likely to take, include number of traffic controllers and deployment descriptions.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
P. Describe methods used to publicize alternate routes of reaching the scene of the event.

_____________________________________________________________________________

Q. Provide statement of availability of private towing firms to remove disabled vehicles.

_____________________________________________________________________________

_____________________________________________________________________________

Other:

R. Name of liability insurance carrier (Attach proof of insurance.)

_____________________________________________________________________________

S. Type of performance guarantee (i.e., escrow account, letter of credit):

_____________________________________________________________________________

I have received a copy of the Mass Gathering Ordinance of the Town of Casco, and hereby submit this application, which is true and complete to the best of my knowledge and ability.

______________________________________________
Signature of Applicant

Reviewed by: (Name and Date)

_________________________________________ ___________________ (Town Clerk)

_________________________________________ ___________________ (Code Enforcement Officer)

_________________________________________ ___________________ (Fire Chief)

_________________________________________ ___________________ (Rescue Chief)

_________________________________________ ___________________ (Public Works Director)
Approved by: (Town Manager or Selectmen’s name(s), as appropriate, and date)

_________________________________________ ___________________
_________________________________________ ___________________
_________________________________________ ___________________
_________________________________________ ___________________
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