

Town of Naples

OUTDOOR EVENT APPLICATION

TO THE APPLICANT:

This application is to be completed when planning an outdoor event with an anticipated attendance of 250 or more people. Please complete this application and submit for approval no less than 60 days prior to the start of your event. Please read each section carefully, and attach all necessary documents as your event requires. Incomplete or missing information/documentation will delay the review and approval process for your application.

EVENT
Event Name: NAPLES CAUSEWAY 5/10K
Event Description: RACE WALK AND RUN

SPONSORING ORGANIZATION INFORMATION
Legal Business Name: GEORGE VOORIS PROFESSIONAL PAINTING
Mailing Address: 65 LAMBS MILL ROAD
City: NAPLES State/Zip: MAINE 04055
Phone: (207) 693-7248 Email: George.thepainter@gmail.com

CONTACT PERSON - DAY OF EVENT
Name: GEORGE VOORIS
Mailing Address: Same
City: State/Zip:
Phone: Email:

TYPE OF EVENT
[ ] Non-Profit Event [ ] Political/Ballot/Rally Event [x] Road Race
[ ] For-Profit Event [ ] Sporting Event [ ] Neighborhood/Block Party
[ ] Music/Entertainment [ ] Video or Film Production [ ] Auto/Boat Show
[ ] Other (Describe)

**EVENT INFORMATION**

Event Location: Naples Marina

Event Date(s): 8/16/20 Event Hours: 8 AM to 11 AM

Date/Time for Set-Up: \_\_\_\_\_

Date/Time for Clean-Up: \_\_\_\_\_

Describe clean up plan: Pick up by Hand and CART OFF Debris

Estimated Attendance (per day of event): 250

Describe crowd control measures: VIP Sheriff's Dept.

Describe the event's potential impacts to abutters: NONE

Will the event take place on Municipal Property?  Yes  No

If yes, please indicate all desired locations and dates below. All requested spaces must be specified in this application to ensure their availability for your event. Please list all day/date, usage time, and specific activity planned for each facility requested. For multi-day use, please indicate accordingly.

<u>Town Office Spaces</u>	<u>Offsite Spaces</u>	<u>Date/Time of Use</u>	<u>Activity Taking Place</u> <small>(Band/Music, Craft Fair, Art Exhibit, Food Tasting, Theater Presentation etc.)</small>
<input type="checkbox"/> Conference Room <input type="checkbox"/> Gymnasium <input type="checkbox"/> Singer Center <input type="checkbox"/> Village Green	<input type="checkbox"/> Legion Softball Field <input type="checkbox"/> Legion Baseball Field <input type="checkbox"/> Lot 185 <input type="checkbox"/> Kent's Landing <input type="checkbox"/> Town Dock <input type="checkbox"/> Other	Date(s): _____ Start Time: _____ End Time: _____	_____ _____ _____
<input type="checkbox"/> Conference Room <input type="checkbox"/> Gymnasium <input type="checkbox"/> Singer Center <input type="checkbox"/> Village Green	<input type="checkbox"/> Legion Softball Field <input type="checkbox"/> Legion Baseball Field <input type="checkbox"/> Lot 185 <input type="checkbox"/> Kent's Landing <input type="checkbox"/> Town Dock <input type="checkbox"/> Other	Date(s): _____ Start Time: _____ End Time: _____	_____ _____ _____
<input type="checkbox"/> Conference Room <input type="checkbox"/> Gymnasium <input type="checkbox"/> Singer Center <input type="checkbox"/> Village Green	<input type="checkbox"/> Legion Softball Field <input type="checkbox"/> Legion Baseball Field <input type="checkbox"/> Lot 185 <input type="checkbox"/> Kent's Landing <input type="checkbox"/> Town Dock <input type="checkbox"/> Other	Date(s): _____ Start Time: _____ End Time: _____	_____ _____ _____

\*Any additional requests may be attached to this application on a separate document.

**SOUND/MUSIC BROADCASTING/AMPLIFICATION**

Will an amplified system(s) be used to broadcast voice or music?  Yes  No

Will amplification be limited to indoors or outdoors?  Indoor Only  Outdoor Only  Both

Describe the amplification activity:  Live Performance  Recorded Playback/DJ  Loudspeakers

If other, please describe: \_\_\_\_\_

Amplification Start Time: 8 AM End Time: 11 AM

Proposed location of amplification(s): Naples Marina

Describe noise control and potential impact to abutters: \_\_\_\_\_

**RIGHT OF WAY USE / PARKING**

Will street closures be necessary?  Yes  No

*If Yes, please attach a map (tax map, Google map) that shows all closures.*

Street(s) to be closed (date, time & duration):

- |    |  |
|----|--|
| 1. | _____ / _____                                      |
|    | (street name) (road close time) (road reopen time) |
| 2. | _____ / _____                                      |
|    | (street name) (road close time) (road reopen time) |
| 3. | _____ / _____                                      |
|    | (street name) (road close time) (road reopen time) |

Will parking lot closures be necessary?  Yes  No

*If Yes, please attach a map (tax map, Google map) that shows all closures.*

Parking lot(s) to be closed (date, time & duration):

- |    |   |
|----|---|
| 1. | _____ / _____   |
|    | (parking lot location) (lot close time) (lot reopen time) |
| 2. | _____ / _____   |
|    | (parking lot location) (lot close time) (lot reopen time) |

What arrangements have been made to accommodate the loss of parking? \_\_\_\_\_

Will there be offsite parking locations?  Yes  No

*If Yes, please attach a map (tax map, Google map) that shows all available locations.*

**RIGHT OF WAY USE / PARKING (Continued)**

If Yes, will there be a fee for parking?  No  Yes Fee \$ \_\_\_\_\_

Will there be shuttles provide to offsite parking locations  Yes  No

If Yes, will there be a fee for use of shuttle?  No  Yes Fee \$ \_\_\_\_\_

How will handicapped parking be handled/identified? By parking attendants

Please list any additional precautions/considerations you are taking for the interest of public safety in regards to your event: VIPS Will Do All TRAFFIC Control Along the Course and parking Field

**CONSTRUCTION OF STRUCTURES**

Will any of the following be used during the event?  
 No stakes of any kind are to be used in right of way pavement or municipally owned paved parking areas.

<u>Item</u>	<u>Quantity</u>	<u>Item</u>	<u>Quantity</u>
<input type="checkbox"/> Booths	_____	<input type="checkbox"/> Stages	_____
<input checked="" type="checkbox"/> Tents	_____	<input type="checkbox"/> Awnings	_____
<input type="checkbox"/> Canopies	_____	<input checked="" type="checkbox"/> Tables	_____

A layout plan must be provided to include the locations of proposed structures.

**GARBAGE / SANITATION**

Describe the plan for garbage control and disposal: LARGE blue 55 GAL DRUMS

Will dumpsters be brought in for this event?  No  Yes How Many? \_\_\_\_\_

**SIGNAGE**

Signs for any Town approved special event, which is sponsored by a public, nonprofit organization or other organization(s) that receives Planning Board approval, which will be open to the general public, are allowed 5 signs that are not more than 32 square feet in area and displayed not more than 1 month prior to the event and removed within 3 days after the event.

Do you plan to have any special events signs?  Yes  No

**SIGNAGE (Continued)**

Sign Locations (Per approval of the Selectboard):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**AMUSEMENTS / VENDORS / LIQUOR SERVICE**

Will the event have amusement rides, inflatables, climbing wall, dunk tank, live animals, etc.?

No     Yes    If Yes, describe in detail the types of attractions proposed: \_\_\_\_\_

*If Yes, additional insurance listing the Town of Naples as additionally insured will be required.*

Will there be food, beverages, concessions, or mobile vendors?     No     Yes

If Yes, describe in detail the types of attractions proposed: Food For Runners  
Fruit And Cookies

*If Yes, proper health department approvals and necessary state and local permits must be obtained. Please list non-local vendors approved to participate in this event*

Will there be any fireworks or pyrotechnics at this event?     No     Yes

*The Town of Naples requires that fire department personnel and apparatus be on scene anytime any pyrotechnics are to be used, and the expense to be covered by the event coordinator. Please refer the Public Safety section of this application for the fees required.*

Will alcohol be served at this event by you or any 3<sup>rd</sup> party contributor?     No     Yes

**3<sup>rd</sup> Party Contributor Disclosure**

If alcohol will be served with, at, or in conjunction with your event, any/all 3<sup>rd</sup> Party Contributor(s) are required to complete an "Outdoor Alcohol & Event Exception Form" (see attached). Businesses are required to map out their property describing any temporary outdoor modifications planned for their premises which will help them serve the purposes of your event. The event organizer is required to obtain a copy of each 3<sup>rd</sup> Party's Special Amusement Certificate. Any entity serving alcohol will also need to supply a copy of their liquor license with their Exception Worksheet to the event organizer (you). All the above documentation is required to be submitted at the time of your application for consideration. Missing or late documents will be subject to a fee of \$25 per modification. Any outstanding documentation deemed necessary for the purpose of processing and considering this event request may result in the delayed approval or denial of your application.

**AMUSEMENTS / VENDORS / LIQUOR SERVICE (Continued)**

*I attest that I have read the 3<sup>rd</sup> Party Contributor disclosure and understand the expectations set upon me by the Town of Naples. To the best of my knowledge, I certify that all necessary and required documentation from all anticipated 3<sup>rd</sup> Party Contributors is included with this application and I understand that any future additions/modifications relating to 3<sup>rd</sup> Party Contributors are subject to additional administration fee.*

Applicant Initials: \_\_\_\_\_

Please list the name of all 3<sup>rd</sup> Party Contributors using the table below. Attach all appropriate documentation for each contributor to the end of this application separately.

3 <sup>rd</sup> Party Contributor	Owners Name	Owner's Contact Number	Required documents attached?
			<input type="checkbox"/> Yes

Please Check this box if an additional 3<sup>rd</sup> Party Contributors are attached on a separate document.

**TOWN REQUIRED AMMENITIES & SAFETY/EMERGENCY PERSONNEL**

After reviewing the included **Event Organizing F.A.Q.** and **Event Planning Recommendation Cheat-Sheet**,

I am proposing the following solutions/totals for the specific items listed below:

**Portable Toilets**

Town Recommends: <u>3</u>	Do you agree to supply the recommended total? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
(if no above) Applicant Requests: <u>3</u>	Community Activities Director suggests: <input type="checkbox"/> Request seems appropriate <input type="checkbox"/> Defers to Selectboard for special consideration

*\*A layout of your toilet locations is required. Please attach a list of all locations for your portable toilets*

**TOWN REQUIRED AMMENITIES & SAFETY/EMERGENCY PERSONNEL (Continued)**

**Contracted Personnel Required – Bonded and Insured Security Detail**

Town Recommends: _____ <b>+1 Sheriff per 3000 Attendees</b>	Do you agree to supply the recommended total? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
(if no above)	Community Activities Director suggests:
Applicant Requests: _____	<input type="checkbox"/> Request seems appropriate <input type="checkbox"/> Defers to Selectboard for special consideration

**Contracted Personnel Required – Fire Services\***

*One fire apparatus is required per four (4) personnel*

Town Recommends: _____	Do you agree to supply the recommended total? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
(if no above)	Community Activities Director suggests:
Applicant Requests: _____	<input type="checkbox"/> Request seems appropriate <input type="checkbox"/> Defers to Selectboard for special consideration

*\*If pyrotechnics or open fires will be present.*

**Contracted Personnel Required – Emergency Medical Services\***

*One Ambulance always required on scene – Second Ambulance required be on “stand by” for any event greater than 3,000 or exceeding 8 hours in length*

Town Recommends: _____	Do you agree to supply the recommended total? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
(if no above)	Community Activities Director suggests:
Applicant Requests: _____	<input type="checkbox"/> Request seems appropriate <input type="checkbox"/> Defers to Selectboard for special consideration

*\* Anticipated temperatures greater than 85°F for outdoor events shall necessitate doubling the number of personnel required*

*\*\* Any event having special hazards (i.e. mosh pits) shall require additional personnel at one and a half times the indicated number in Table.*

**PLEASE EXPLAIN/JUSTIFY YOUR DEVIATIONS BELOW**

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## OUTDOOR EVENT APPLICATION AGREEMENT ADDITIONAL DISCLOSURES AND AUTHORIZED SIGNATURE(S)

Outdoor Event Applications are required to be submitted to the Town of Naples at least 60 days prior to the event start date. All required documentation and disclosures must be submitted with this completed application. Annual/Recurring events are required to have a new application submitted with each event occurrence.

The applicant and/or sponsoring organization understand and agree to provide a Certificate of Insurance, with all coverages deemed necessary for the event, naming the Town of Naples as the additionally insured on all applicable policies along with an Indemnification Agreement on the sponsoring organization's letterhead. Both Documents must be provided to the Town Office not less than 14 calendar days before the scheduled start of the event.

Compliance with all local ordinances and policies and all applicable State laws is expected. The specific events permit does not relieve the applicant or sponsoring organization from meeting any application requirements of law or other public bodies or agencies.

Payment of any invoice for Town services, which may be rendered or deemed necessary as part of the event, must be received prior to the start date once Selectboard approval has been granted. Payment should be received no later than 14 days prior to the start of the event. Conditional approval of your event may include additional requirements and/or limitations based on the Town's review of this application, in accordance with the Town's Events Policy. It may be necessary to meet with Town staff during the review of this application and Planning Board approval may be necessary. The applicant (or sponsoring organization) is responsible for contacting the State of Maine Liquor Enforcement Office and/or the State of Maine Health Department to secure any and all permits required for this event (if applicable). The applicant agrees the sponsoring organization will operate the event in conformance with the written approval.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

	<u>George Vooris</u>	<u>10/10/2019</u>
Applicant Signature	Printed Name	Date

OFFICE USE ONLY	
Applicant Received By: _____	Date: _____
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Conditions: _____	
_____	
_____	

# OUTDOOR EVENT PLANNING RECOMMENDATION CHEAT-SHEET

## TO THE APPLICANT:

These tables and cheat-sheets are for your reference only. While their intention is to guide you through the process and its requirements, the information and suggestions below should be strongly considered when completing your Outdoor Event Application. If you encounter an item which is unclear, or if you have questions, please contact the Town Office for clarification. Attention to detail is crucial as incomplete applications are subject to a delay in their review and approval.

## OUTDOOR EVENT APPLICANT CHECK LIST

- Event Signage Plan
- 3<sup>rd</sup> Party Contributor Disclosure (Applicant Initials)
- Portable Toilet Calculation
- Security, Fire & Emergency Medical Services Calculations
- Application Agreement – Additional Disclosures and Authorized Signature(s) completed

### Items Attached

- Insurance Certificate, with Town of Naples listed as additional insured
- Indemnification Agreement on Sponsoring Organizations Letter Head
- Additional 3<sup>rd</sup> Party Contributor List (if applicable)
- Additional Municipal Property Use Requests (if applicable)
- Event Map
- Additional Offsite Parking Locations
- Portable Toilet Locations
- Music/Outdoor Entertainment Licensure (if applicable)
- Outdoor Alcohol & Event Form from each participating 3<sup>rd</sup> Party Contributor

## PORTABLE TOILET CALCULATION

The Town of Naples recommends that the number of portable toilets for the event be calculated using the chart below.

Attendees	Length of Event (Hours)									
	1	2	3	4	5	6	7	8	9	10
50	1	1	1	1	2	2	2	2	2	2
100	2	2	2	2	3	3	3	3	3	4
250	2	2	3	3	3	3	4	4	6	6
500	3	4	5	5	5	6	6	7	7	8
1,000	5	7	8	8	9	9	10	10	12	12
2,000	8	13	15	17	18	19	19	19	20	20
3,000	12	19	23	25	28	28	28	30	30	30
4,000	16	24	30	34	36	38	38	38	38	38
5,000	19	32	38	42	44	46	46	48	48	48
6,000	23	38	46	50	54	57	57	60	60	60
7,000	28	42	54	60	63	66	66	66	66	66
8,000	32	48	60	66	72	72	75	78	78	78
10,000	38	60	75	84	88	92	96	96	96	100

*\*Please divide your calculation in half for any event in which service of Food/Spirit is NOT anticipated*

**RECOMMENDED PUBLIC SAFETY PRECAUTIONS & PERSONNEL CONSIDERATIONS**

Any event with more than 1,000 attendees, or an event that is deemed by the Planning Board to have the potential for public safety risk, will require public safety presence at the event for the duration of the event open to the public, at the expense of the event coordinator.

The following are personnel and apparatus staffing requirements and associated fees for public safety coverage (if scheduled/required of the Town):

**Contracted Personnel Required – Bonded and Insured Security Detail**

Service fees subject to private costs and/or Sheriff's Department

Attendees	Impacted Hours				
	4	8	12	16	24
Less than 1,000	2	2	2	2	2
1,001 to 3,000	3	4	6	6	6
3,001 to 6,000	10	10	12	14	14
6,001 to 10,000	16	16	16	18	18

**Contracted Personnel Required – Fire Services\***

*One fire apparatus is required per four (4) personnel.*

Fire Services billed at \$245.00 per hour, per staffed Fire Truck

Attendees	Impacted Hours				
	4	8	12	16	24
Less than 1,000	0 /*2	0 /*2	0 /*2	0 /*2	0 /*2
1,001 to 3,000	0 /*2	0 /*2	0 /*2	0 /*2	0 /*2
3,001 to 6,000	2 /*4	2 /*4	2 /*4	2 /*4	2 /*4
6,001 to 10,000	4 /*8	4 /*8	4 /*8	4 /*8	4 /*8

*\* If pyrotechnics or open fires will be present*

**Contracted Personnel Required – Emergency Medical Services\***

*One Ambulance always required on scene – Second Ambulance required be on “stand by” for any event greater than 3,000 or exceeding 8 hours in length*

Emergency Medical Services billed at 1 Ambulance (\$75.00/hour\*\*\*) & Personnel (\$30.00/hour per staff)

Attendees	Impacted Hours				
	4	8	12	16	24
Less than 1,000	2	2	2	2	2
1,001 to 3,000	3	4	4	4	4
3,001 to 6,000	6	6	6	6	6
6,001 to 10,000	7	7	7	7	7

*\* Anticipated temperatures greater than 85°F for outdoor events shall necessitate doubling the number of personnel required*

*\*\* Any event having special hazards (i.e. mosh pits) shall require additional personnel at one and a half times the indicated number in Table*

*\*\*\*Subject to possible waiver, Planning Board appeal may be required*

## **FOR EVENTS REQUIRING MARINE SAFETY**

Each Staff - \$30.00 / hour

1 Boat - \$50.00 / hour\*

*\*Subject to possible waiver, Planning Board appeal may be required*

## **Town Imposed/Mandatory Fees**

**Public Notice \$50.00**

**One-Day Event Fee \$25.00**

**Fee per abutter \$7.00**

**Annual Event Fee \$200.00**

## **INSURANCE COVERAGE REQUIREMENTS**

Documentation of the following insurance coverage must be provided to the Town:

1. Workers Compensation (Minimum Allowances)
  - a. State – Statutory
  - b. Employer Liability - \$500,000.00
2. Comprehensive General Liability (Minimum Allowances)
  - a. Bodily Injury - \$1,000,000.00
  - b. Property Damage - \$1,000,000.00
  - c. Fleet or Automobile Liability
    - i. Bodily Injury - \$500,000.00 each person, \$1,000,000.00 each occurrence
    - ii. Property Damage - \$1,000,000.00 each occurrence
3. “Town of Naples, P O Box 1757, Naples, ME 04055” shall be listed as a Certificate holder.

## Municipal Properties Rental & Fee Schedule

Indoor Facilities					
	Cleaning Deposit	Key Deposit	Resident	Non-Profit	Non-Resident
Gym	\$50.00*	\$10.00*	\$15.00/hr	\$25.00/hr	\$25.00/hr
Singer Down	\$50.00*	\$10.00*	\$20.00/hr	\$25.00/hr	\$25.00/hr
Singer Up	\$50.00*	\$10.00*	\$10.00/hr	\$25.00/hr	\$25.00/hr
Board Room	\$50.00*	\$10.00*	\$10.00/hr	\$25.00/hr	\$25.00/hr
* Indicates refundable fee if agreed upon terms are upheld (Space is cleaned and/or key is returned)					

Outdoor Facilities					
	Cleaning Deposit	Key Deposit	Resident	Non-Profit	Non-Resident
Amphitheater	\$50-\$250**	n/a	Free (if no admission)	\$50.00/day	\$50.00/day
Village Green	\$50-\$250**	n/a	Free (if no admission)	\$100.00/day	\$100.00/day
Baseball Field	\$50-\$250**	n/a	Free/day (if no admission)	\$10.00/game - or \$50.00/day	\$10.00/game - or \$50.00/day
Softball Field	\$50-\$250**	\$25.00 †	Free/day (if no admission)	\$20.00/game or \$100.00/day	\$20.00/game or \$100.00/day
** Community Activities Director will determine the Cleaning Deposit fee depending on number of participants, and length of rental					
† All field rentals with keys for lights subject to additional non-refundable charge of \$25/day for residents - \$50.00/day for non-profit & non-resident.					