

**Town of Naples**

**OUTDOOR ENTERTAINMENT APPLICATION**

MAJOR (Greater than 200 People)       MINOR (Less than 200 people)  
**EVENT**

Event Name:

\_\_\_\_\_

Event Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPONSORING ORGANIZATION INFORMATION**

Legal Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTACT PERSON – DAY OF EVENT**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF EVENT**

<input type="checkbox"/> Town Department Event	<input type="checkbox"/> Political or Ballot Issue Event	<input type="checkbox"/> Road Race
<input type="checkbox"/> Non-Profit Event	<input type="checkbox"/> Sporting Event	<input type="checkbox"/> Neighborhood/Block Party
<input type="checkbox"/> For-Profit Event	<input type="checkbox"/> Video or Film Production	<input type="checkbox"/> Auto/Boat Show
<input type="checkbox"/> Other (Describe) _____		

**EVENT INFORMATION**

Event Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Hours: \_\_\_\_\_

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

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

Describe clean up plan: \_\_\_\_\_

Estimated Attendance (per day of event): \_\_\_\_\_

Describe crowd control measures: \_\_\_\_\_

Describe the event's potential impacts to abutters: \_\_\_\_\_

\_\_\_\_\_

Will the event take place on Municipal Property?  Yes  No

If yes, please check off all event locations:  Gym  Singer Center  Board Room  
 Village Green  Baseball Field  Softball Field  Town Docks

**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: \_\_\_\_\_

\_\_\_\_\_

Time amplification will be used (beginning to end time): \_\_\_\_\_

Proposed location of amplification(s): \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

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.*

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? \_\_\_\_\_

\_\_\_\_\_

**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 type="checkbox"/> Tents	_____	<input type="checkbox"/> Awnings	_____
<input type="checkbox"/> Canopies	_____	<input 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: \_\_\_\_\_

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

The Town of Naples requires 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

Based on your anticipated attendance, how many units will you be supplying? # \_\_\_\_\_  
 A layout plan must be provided to include the locations of proposed structures.

**SIGNAGE**

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

Describe signs and proposed locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signs must conform to the Town of Naples Sign Ordinance.*

**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: \_\_\_\_\_

*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?  No  Yes

If Yes, describe in detail the proposed locations: \_\_\_\_\_

*If yes, Liquor Liability Insurance is required. Location must be identified on event layout plan and describe measures to prohibit sale of alcohol to minors or visibly impaired individuals.*

If alcohol is to be served in more than one location, please list those locations by the business name, property owner’s name and contact information and confirmation that the establishment has obtained the proper local and State licensure for service.

Business Name	Owners Name	Owner’s Contact Number	Confirmation of Proper Licensure

*Please attach additional sheet if necessary.*

**PUBLIC SAFETY**

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 is personnel and apparatus staffing requirements and the fee schedule for public safety coverage:

**Contracted Personnel Required – Police or Security Services**

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

**Contracted Personnel Required - Fire Services\***

One fire apparatus is required per four (4) personnel

Attendees	Impacted Hours				
	4	8	12	16	24
1,000	0 /*2	0 /*2	0 /*2	0 /*2	0 /*2
3,000	0 /*2	0 /*2	0 /*2	0 /*2	0 /*2
6,000	2 /*4	2 /*4	2 /*4	2 /*4	2 /*4
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 to stand by on scene for any event greater than 3,000 or longer than 8 hours

Attendees	Impacted Hours				
	4	8	12	16	24
1,000	2	2	2	2	2
3,000	3	4	4	4	4
6,000	6	6	6	6	6
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.*

**Public Safety Fee Schedule**

**Sheriff's Department**

Contact the Cumberland County Sheriff's Office for imposed fees.

**Emergency Medical Services**

Minimum of Two Personnel- \$30.00 each / per hour  
1 Ambulance - \$75.00 / hour

**Fire Apparatus with Staffing** (if applicable for fireworks)

Minimum of Four Personnel - \$30.00 each / per hour  
1 Fire Truck - \$125.00 / hour

**Marine Safety**

Each Staff - \$30.00  
1 Boat - \$50.00 / hour

**APPLICATION CHECK LIST**

- Application Completed**
- Event Map Attached** (*Including all details as required by the application*)
- Detailed Plans Attached** (*As required by the application*)
- Certificates of Insurance – To Cover the Event Dates, Naming the Town as Additionally Insured**
- Event Signage Plan Attached**

**If any document is missing with this application, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION AGREEMENT AND AUTHORIZED SIGNATURE(S)**

Please complete this application and return it, along with all the required documentation, to the Naples Town Office at least 60 days prior to the starting date of the event. Please note that a new application must be submitted for each year.

The applicant and sponsoring organization understand and agrees to provide the following:

A Certificate of Insurance, with all coverages deemed necessary for the event, naming the Town of Naples as and additionally insured on all applicable polices, and an Indemnification Agreement on the sponsoring organization's letterhead. Both documents must be provided to the Town Office not less than 14 calendars days before the event.

Compliance with all local ordinances and policies and all applicable State laws. 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 and event approval, must be received prior to the event. The approval of this 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 the Planning Board approval may be necessary. The applicant (or the 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. 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FEES:**

Public Notice: \$50.00

Fee per abutter: \$7.00

One-Day Event Fee: \$25.00

Annual Event Fee: \$200.00

Facility Rental Schedule – Requires Approval from the Community Activities Director

<b>Indoor Facilities</b>					
	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)

<b>Outdoor Facilities</b>					
	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.

**OFFICE USE ONLY**

**Applicant Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application:**     **Approved**     **Approved with Conditions**     **Denied**

**Conditions:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_