



Date received: _____
Date approved: _____

**SPECIAL AMUSEMENT/CONCOURSE GATHERING APPLICATION**

**Required for any gathering for the masses of people which attend public outdoor gatherings and to assure the comfort, convenience, safety, health and welfare of the citizens of the town and surrounding communities.**

**Concourse gathering of 500 people or more persons in an outdoor space or a temporary structure.**

**Applications must be submitted to the Clerk not less than 45 days before the date on which it is proposed to commence the event.**

**A \$50.00 filing fee is to be submitted with the completed Concourse Gathering Application.**

**A \$150.00 filing fee is to be submitted with the completed Special Amusement Event Application (outside: alcohol, dancing & live music). If approved, \$25.00 fee is due for Special Event Application.**

**SPONSOR INFORMATION**

Name of Sponsoring Organization: \_\_\_\_\_

Name of Contact Person for Event: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

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

Daytime Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Name and Cell Phone Number DURING the Event: \_\_\_\_\_

Is your organization incorporated as a non-profit organization? Yes \_\_\_ No \_\_\_

Non-Profit Number: \_\_\_\_\_

## **EVENT INFORMATION**

Name of Event: \_\_\_\_\_

Type of Event (walk, festival, concert, etc.): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Times of Event: Start Time including set-up: \_\_\_\_\_ Ending time including clean up: \_\_\_\_\_

Actual Event Start Time: \_\_\_\_\_ Actual Event End Time: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

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

Have you held an event at this location within the last 12 months? Yes \_\_\_ No \_\_\_

### **TYPES OF PERMITS/PERMISSIONS NEEDED – PROVIDE AN ANSWER FOR EACH LINE:**

<b>Permit Fee</b>	<b>Permission/Permit Type</b>	<b>YES</b>	<b>NO</b>	<b>NOT SURE</b>
N/A	<b>CROSS-STREET BANNERS</b>  Note: Contact power company guidelines.			
N/A	<b>FOOD</b> – Will food or beverages be sold? If yes, list what types of food or beverages:			
N/A	<b>NON-FOOD ITEMS</b> – Will products be sold or given away (such as t-shirts, crafts, souvenirs, etc.)? If yes, list what items:			
Separate fee and Special Amusement Application required	<b>LIVE MUSIC</b> – Will there be any outdoor musical performances? If yes, please describe:  Note: per 28-A M.R.S.A. § 1054 and local ordinance.			
Separate fee and Special Amusement Application required	<b>DANCING</b> – Will there be any outdoor dancing? If yes, please describe:  Note: per 28-A M.R.S.A. § 1054 and local ordinance			
N/A	<b>SOUND AMPLIFICATION</b> – Will there be a microphone or speaker system to project sound?			
Separate fee and Catering Event Application	<b>ALCOHOL</b> – Will alcoholic beverages be sold? Note – Vendor must hold a valid State of Maine liquor license and submit an Off Premise Catering Event application (\$10.00 fee) 14 days prior to the event.  Note: per 28-A M.R.S.A. § 1054 and local ordinance			
State Permit required	<b>CARNIVAL</b> – Will carnival rides be offered? If yes, attach a copy of the state permit.			
Permit required	<b>FIREWORKS</b> – Will there be a fireworks display? If yes, attach a copy of the state permit.  Note: per M.R.S.A. § 227-A and local ordinance.			

Permit Fee	Permission/Permit Type	YES	NO	NOT SURE
N/A	<p><b>PARADE</b> – Will there be a parade? If yes, describe route:</p> <p>Note – Contact Penobscot County Sheriff’s office.</p>			
N/A	<p><b>RUN/WALK/CYCLE</b> – Will event involve participants doing a walk-a-thon, road race, etc.? If yes, describe route:</p> <p>Note – Contact Penobscot County Sheriff’s office.</p>			
Separate permit required	<p><b>BURN PERMIT</b> – Will there be any open flame such as a bonfire? If yes, describe activity:</p> <p>Note - A permit from the Fire Department is required or online at Maine.gov</p>			
N/A	<p><b>TENT/CANOPY</b> – Will you be setting up a tent or canopy? If yes, list number and sizes:</p>			
N/A	<p><b>ELECTRICAL POWER/EQUIPMENT</b> – Will electrically powered equipment be utilized, if so, provide a brief description of the equipment and the entity responsible for the installation of the electrical equipment?</p>			
N/A	<p><b>ROAD/INTERSECTION CLOSURE</b> – Will any roads need to be closed to accommodate your event? If yes, please list:</p> <p>Note – Contact Penobscot County Sheriff’s office.</p>			
N/A	<p><b>MAP/DIAGRAM</b> – Is a map or diagram attached detailing this event and depicting the placement of such items as tables, tents, port-a-potties, stage, parking, food service areas, etc.?</p> <p>Note: This is a mandatory requirement for this application and must be included.</p>			
N/A	<p><b>PARKING ACCOMODATIONS</b> – What will be the anticipated need for parking and what is your parking plan?</p> <p>Note – Contact Penobscot County Sheriff’s office.</p>			
N/A	<p><b>TOILETS</b> – Please list amount at event and/or nearest location:</p>			
N/A	<p><b>WASTE DISPOSAL</b> – Please list process and location:</p>			
N/A	<p><b>HAND WASHING FACILITIES</b> – Please list amount at event and/or nearest location:</p>			
N/A	<p><b>POTABLE WATER</b> – Please list amount at event and location:</p>			

Permit Fee	Permission/Permit Type	YES	NO	NOT SURE
N/A	<b>FIRST AID FACILITIES</b> – Please list location at event:			
\$ _____.00	<b>TOTAL FEE INCLUDED</b> – Checks payable to “Town of Hermon”			
<b><u>DESCRIPTION OF EVENT – Please describe what will occur during your event</u></b>				

Provide a freehand Plan View Drawing of the site(s) showing the location and size of the site. Also include the location and extent of the following:

- Dining Facilities
- Fire Protection Facilities
- First Aid Facilities
- Off Street Parking Facilities
- Sanitary Facilities
- Water Supply Facilities

**And other pertinent data.**

Please attach an additional sheet if necessary.

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Concourse Gathering Application: Attach with this application a corporate surety bond from a company authorized to do business in the State of Maine insuring that after the event is over and the mass of people have vacated the site or sites, the grounds shall be left in a clean and neat fashion, and damages to public and/or private property arising out of or in connection with the event will be paid promptly. Such bond shall be in the amount of five thousand (\$5,000.00) for each one thousand (1,000) persons or fractional part thereof, expected to be there.

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The Municipal Officers may request any additional information which is deemed reasonably necessary for a fair determination to issue the concourse gathering permit herein applied for.

Additional information requested:

\_\_\_\_\_

**Council Chair Signature and Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Additional information attached, reviewed, and deemed:

\_\_\_\_ Acceptable

\_\_\_\_ Unacceptable

**Council Chair Signature and Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The Municipal Officers deemed it appropriate to waive the following requirements of this permit application:

\_\_\_\_\_

**Council Chair Signature and Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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If the event is to be held by, and on behalf of or for, any other person other than the applicant, the following authorization is required.

I have authorized \_\_\_\_\_ to apply for a concourse gathering permit on behalf of \_\_\_\_\_.

Authorizing signature: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Applicant:

Printed Name:

Date Submitted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note that you will be contacted by Town Staff if you require additional permitting.**

Please return this completed application with diagram and any applicable fee to:

MAIL: Town of Hermon  
Town Clerk's Office  
333 Billings Road  
Hermon, ME 04401  
FAX: 207-848-3316  
EMAIL: [cushmank@hermonmaine.gov](mailto:cushmank@hermonmaine.gov)  
PHONE: 207-848-1010

The Municipal Officers of the Town of Hermon at a Public Meeting Convened approved the Concourse Gathering Permit herein attached.

**SIGNED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the Town Council:**

_____	_____
_____	_____
_____	_____
_____	

\*\*\*\*FOR STAFF USE\*\*\*\*

**DEPARTMENT COMMENTS AND RECOMMENDATIONS:**

<b>DEPARTMENT</b>	<b>APPROVE</b>	<b>DENY</b>	<b>DATE</b>	<b>INITIALS</b>
Clerk				
Code Officer/Land Use & Zoning /Health Officer				
Finance Department				
Fire Department				
Police Department				
Public Works Department				
Plumbing Inspector				
Recreation Department				

Personal Property Tax Paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Sewer User Fees Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS/CONDITIONS from any of the above departments:

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Town Council Public Hearing date, if applicable: \_\_\_\_\_

License Approved/Denied: \_\_\_\_\_ Date applicant notified: \_\_\_\_\_