



Event Permit Application

Eastern Trail Management District

P O Box 250 Saco, ME 04072
207-284-9260 patti@eastertrail.org

The Eastern Trail Management District is pleased that you are considering hosting your event on the Eastern Trail. Given the many competing Trail users, post-event clean-up costs, and public safety considerations for the host municipalities, we request that you complete the following application. Please be aware of the following points as you complete your application submission:

- All facility requests must be submitted at least 45 days in advance of the event so that we may better meet your needs.
- Cancellation/Refund: To receive a refund, cancellations must be processed one week prior to event; all refunds will be assessed a \$50 cancellation fee.
- Applicant is considered the authorized representative for the event and does agree to ensure that all ETMD (Eastern Trail Management District) and hosting municipality policies will be followed and, further, does agree to pay all costs pertaining to event use.
- Any group event must complete the necessary application, permits, and have approval in writing from the hosting municipality before ETMD final approval.
- *ETMD Use Policy:* Subject to the terms and conditions of the co-location agreement between ETMD, Until Corporation (gas line owner), and all area municipalities, anyone using the Trail for an event must have retained written permission from all governing bodies. The current trail acts as an active gas line corridor. Use of the Trail will only be granted provided all permissions are in place. No ground stakes or similar items can be used or put into the ground anywhere along the Trail due to gas line safety protocols.
- Parking – separate approval is required for parking. The applicant must secure approval in writing for parking from the appropriate property owner prior to ETMD final approval.
- Rain date rescheduling must be done through the ETMD office and participating municipalities.
- Please add text with Adobe Acrobat or scan and save as a pdf; send to Patti Poole at patti@eastertrail.org.

Applicant Information

_____		_____		Youth___	Adult___
Name of Applicant		Name of Organization			
_____	_____	_____	_____	_____	_____
P.O. Box (if applicable)	Street	Town	State	Zip Code	
_____	_____	_____	_____	_____	_____
Organization Representative	Street	Town	State	Zip Code	
_____	_____	_____	_____	_____	_____
E-mail Address	Home Telephone	Work Telephone	Cell #	Fax	

Facility Information

Activity _____ **Age Group** _____

Eastern Trail Section Requested _____ *Check here:* Profit Non-Profit

Municipality _____ Closest cross street to start of event _____ Closest cross street to end of event _____

Fees

Application fees for Commercial events are \$2 per participant based on final registrations with an interim (50%) payment 2 weeks prior to event. Final payment is due 2 weeks after the event. There are no fees for non-profit events; however, a 501 C (3) IRS Determination Letter is required with the event application and proof of insurance (see checklist below).

Dates Requested	Time		Number of Participants	Number of Spectators	Parking Spaces Needed
	Start	End			
1.					
2.					

Application Submission Checklist

Use this checklist to assist with completing the Event Permit Application for the ETMD. The more complete your application, the faster we can process your request. A complete application shall consist of the following items:

- Event Request Application form completed and signed.
- A brief narrative describing your proposed event. Include any promotional materials.
- Application fees for for-profit, commercial events are \$2 per participant based on final registrations with an interim payment (50%) 2 weeks prior to event. Final payment is due 2 weeks after the event. There are no fees for non-profit events; however, a copy of your 501 C (3) IRS Determination Letter is required with the application and proof of insurance.
- Attach a sketch or map showing proposed location of the following items:
 - Parking: Location, layout, and total number of proposed spaces _____
 - Sanitation: Location, layout, and total number of proposed Port-a-Potties _____
 - Refuse: Location of trash receptacles and central dumpster. Total number of trash receptacles _____
 - Temporary Structures: Exact location of temporary structures, signs, and accessory structures.
 - First Aid Tent: Location of first aid stations.
- Attach copies of Mass Gathering Permits or other required approvals from the governing municipality.
- Attach Permission Letter for use of public or private property hosting off-trail parking, portable toilets, staging, First Aid, or any other use associated with your event.
- Letter(s) of Commitment from local police department or County Sheriff's Office agreeing to provide police coverage for road crossings, traffic, and/or crowd control.
- Letter(s) of Commitment from municipal or private Emergency Medical Services contracted to provide EMS coverage for event.
- Letters of Commitment/contracts with solid waste and sanitary waste haulers contracted to collect and remove portable toilets and trash from the event site and the Eastern Trail.
- Attach Insurance Certificate naming **Eastern Trail Management District, Unutil Corporation and the municipality in which the event is being held** as co-insured parties in the amount of \$1 million per person \$100,000 limit for rented property, and a general aggregate limit of \$3,000,000.

Signature Required

I have read the above information and agree to follow all ETMD policies and procedures as noted on this form. I also agree to pay all associated costs pertaining to event use.

_____ Signature of Applicant _____ Date

For ETMD Staff Only:

Written Approval Received from Hosting Municipalities (Check here) _____ Name _____
of Municipalities _____

Date Received _____

Parking Approvals Received (Check here) _____ Parking Approvals Received From _____

Unutil Permissions Received (Check here) _____ Permissions still needed _____

Paid: \$ _____ Cash _____ Check # _____ Credit _____ Receipt to Applicant (Date) _____

Date Received _____ ETMD Staff Initials _____

_____ Packet Complete (check here) Approved _____ Denied _____