

GARDINER CITY COUNCIL AGENDA ITEM INFORMATION SHEET



			ı			
Ме	eting Date	08/17/2022	Department	City Council		
Agenda Item		4.i Approval of an Event at the Common on 8/20/22				
	Est. Cost					
Background Information	celebrational.	n of life. It is expected that 100-150 pe	eople will be i make sure t	he Common is ready for the event and I		
	Requested Action	lan charge to the fourth II	Common for	the Celebration of Life for John Shaw at		
	ity Manager and/or ince Review	, ,go	proval at no c	harge to the family.		
	ouncil Vote/ action Taken					
De	epartmental Follow-Up					

City	1 st Reading	Advertised	EFFECTIVE DATE
Clerk Use Only	2 nd Reading	Advertisedw/in 15 Days	
	Final to Dept	Updated Book	Online



Special Event Application

Applicant's Name: Patricia Mart for Godine Rotary
Applicant's Address: 34 Hope Holborn St
Applicant's Phone Number(s): $\frac{0}{442 - 3819}$
Applicant's Email Address: pare narteonsaltinging.com
Event Name: Celebrat of hope for John Show
Date(s): 8/20/2022
Location: Gadina Commer
Event Description: Gather to celebrate Joh's Life.
Event Description: Gather to celebrate Joh's hite. 100-150 people Cheirs Sub-up + musica Gazebo

Minor Event: \$50.00 / Major Event: \$100.00

Applicant has requested fees be waived/reduced for the following reason:

Non-profit charitable cause
Gardiner River Fest, LLC sponsored
Gardiner Main Street sponsored
MSAD #11 _____ (Clerk fees waived per council order)

	YES	NO
Have you made arrangements with Public Safety to ensure public safety, crowd control and noise levels?		
Have you addressed parking?	X	
Have you made arrangements for clean-up and/or trash removal?	×	
Will you be providing port-a-potties?		\sim
Will there be any use of fire, i.e. tiki torches, grills, barbeques, bonfires, etc.? If yes, a burn permit must also be obtained from the Fire Department for the date specified.		×
Will there be a parade associated with the event? If yes, have you contacted the Chief of Police?		X
Will you be posting a banner? If yes, you must contact the Code Enforcement Officer with details and for approval.		X
Will you need electricity? If so, how many hours? If yes, you must contact the Buildings & Grounds Director.	8hs	
Is this a Minor Event – it will not exceed four hours in duration and fewer than 100 people will be affiliated – i.e. wedding ceremony, etc. (*30 day minimum requirement for the application process time)		
Is this a Major Event — it will exceed four hours in duration and/or more than 100 people will be affiliated — i.e. community festival, carnival, street dance, etc. Major events involve additional City Services and fees for services apply — i.e. police protection, clean-up, electricity, etc. (*60 day minimum requirement for the application process time)	×	

Please send application and payment (payable to City of Gardiner) to: City Clerk's Office, 6 Church Street, Gardiner, ME 04345



Special Event Application

Date of Event Lugar	St 20 2022		
Date of Event Augustianne of Event Cles.	ic of life - John	Show	
	City Services Contacted	Estimate of Department Cost	Departmer Head Initia
Police:		Department Cost	rieau milita
207-582-5150 jtoman@gardinermaine.com			
Fire:			
207-582-4535 rick.sieberg@gardinermaine.com			
Public Works/ Buildings & Grounds:			
207-582-4408 JDouglass@gardinermaine.com			
Economic Development:			
207-582-6892 tdesjardins@gardinermaine.com			
Code Enforcement Office:			
207-582-6892 ceo@gardinermaine.com			
	Total Amount Invoiced		



Special Event Application

I understand permits may be required before open owned by the City of Gardiner.	ating or conducting any activity on property
As the applicant, I have the authority from the own Gardiner.	ner to apply for this license from the City of
P Events are considered rain or shine.	
This permit does not authorize alcohol on any public Common, Waterfront, streets and sidewalks.	lic property, including but not limited to the
The applicant will provide proof of insurance to the named as additionally insured. (Required) (Tenant	=
Failure to answer and comply with all the questions in being approved.	this application may result in the application not
Jan HH	8/10/2022
Applicant's Signature	Date
Office use only:	
Office ase only.	
Received in Clerk's Office by	Date
•	Date
Received in Clerk's Office by	
Received in Clerk's Office by	
Received in Clerk's Office by	the goal of promoting the use of City owned aritable events; and
Received in Clerk's Office by	the goal of promoting the use of City owned aritable events; and cted in the location proposed without

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Ali Sulita Arthur J. Gallagher Risk Management Services, Inc. PHONE (A/C, No, Ext): 1-833-3ROTARY FAX (A/C, No); 630-285-4062 2850 Golf Road E-MAIL ADDRESS: rotary@ajg.com Rolling Meadows IL 60008 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Westchester Surplus Lines Insurance Company | 10172 INSURED **INSURER B:** All Active US Rotary Clubs & Districts INSURER C: INSURER D ATTN: Risk Management Dept. 1560 Sherman Ave. INSURER E : Evanston, IL 60201-3698 INSURER F CERTIFICATE NUMBER: 899307648 REVISION NUMBER COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS G73578917 001 7/1/2022 COMMERCIAL GENERAL LIABILITY 7/1/2023 EACH OCCURRENCE Х \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR Υ \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$4,000,000 X POLICY JECT -PRODUCTS - COMP/OP AGG \$4,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 7/1/2022 7/1/2023 \$2,000,000 AUTOMOBILE LIABILITY Α G73578917 001 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE HIRED AUTOS ONLY Х \$ (Per accident) \$ HMRRELLA LIAR EACH OCCURRENCE OCCUR \$ NOT APPLICABLE EXCESS LIAB AGGREGATE CLAIMS-MADE \$ DED RETENTION \$ \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY NOT APPLICABLE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured. **CERTIFICATE HOLDER** CANCELLATION City of Gardiner SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 6 Church St THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Gardiner Me 04345 AUTHORIZED REPRESENTATIVE Ceptha & Sa Montin