

ITEM

17-076

To hold a Public Hearing to consider and act on a Mass Gathering
Permit for Girls On the Run Maine 5K Run to be held on
June 4, 2017 at the Cumberland Fairgrounds

Mike Timmons
Contact

TOWN OF CUMBERLAND

Publication Dates: _____
Publication Names: _____
Date Filed: _____
Fee Received: _____
Date Ordinance Received: _____
Issued: _____
Denied: _____

Mass Gathering Application-Minor Large Outdoor Event (500-4,999 persons)

This application must be filed with the Town Clerk not less than 60 days before the date of the event.
Application must be accompanied by a non-refundable fee of \$250.00.

Name of Applicant: Girls on the Run - maine

Address of Applicant: 980 Forest Ave, Portland, me

Name of Event: "Girls on the Run" 5K Run

Facility where the event will be held: Cumberland, maine 04021

Is the facility owned by the applicant: _____ yes; ☒ no, (if no, attach a copy of the contract with
The owner which allows use of property)

Name of promoter (if different from above): Girls on the Run - maine

Telephone number: 207-747-5677

Date of Event: June 4th Time (start and finish times): 6:30 AM / 11:30

Number of tickets available: _____

Expected attendance: 500-1500 - Girls / Parents

Description of event: Volunteer Year End / 5K Run -

Will any food vendors be serving at the event: ☒ yes, _____ no, (if yes, how many, and
what types) only water for Runners

1 Food Vendor

Will any alcohol vendors be serving at the event? _____ yes, ☒ no (if yes, list name and attach
A copy of the vendors license to sell alcohol, describe what alcohol will be served) _____

Describe the three most recent outdoor performances of the group, performer, or event being proposed. Include location, date(s), number in attendance, promoter or sponsoring person or organization.

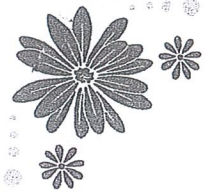
1. Cumberland Run 2016
2. " " 2015
3. " " Run 2014

Description of facility:

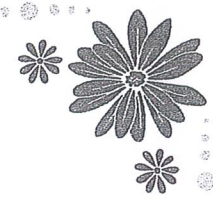
- A. Seating capacity: N/A permanent; _____ temporary
- B. Other seating capacity: Stage festival; _____ standing room only (sq. ft.)
- C. Number of toilets available: 24 permanent; _____ portable
- D. Number of parking spaces available: 3000 on-site; _____ off-site
- E. Are all parking lots lighted (applicable only if event runs into evening hours: _____ yes;
☒ no, if no, which lots are not lighted _____
- F. Source of potable water: Town / Bottle
- G. Refuse containers available, number and size: Triamo - 10 yds
- H. Name of refuse disposal company (attach a copy of the agreement to pick up refuse)
Triamo
- I. When will refuse be picked up? Sunday 12 AM

Public Safety:

- J. Describe first aid facilities: Town - Rescue
- K. Describe emergency facilities: Rescue Unit
- L. Describe communication facilities: Public System
- M. Number of certified police officers: on call
- N. Other security personnel (include company name and qualification):
EMTs on staff / Cumberland Staff Volunteers
- O. Describe fire personnel:
15/25 Volunteer Parents / 100 Running w/ Girls



Additional
Info/copy of Ins./
coming to /
Fair!
Mike Timmons
653-9283



TOWN OF CUMBERLAND MASS GATHERING PERMIT REQUESTED FOR GIRLS ON THE RUN 5K ON SUNDAY, JUNE 4, 2017 AT CUMBERLAND FAIRGROUNDS

NUMBER OF PEOPLE:

We expect approx. **1900** people to attend the Girls on the Run 5K event on Sunday, June 5th.

We expect 1500 5K Runners (700 girls ages 8-14 with 500 adult Running Buddies, and an additional 200 mostly adult runners) and approx. 500 additional spectators.

SET-UP:

The event festival (stage, tents, finish line chute, food/water, port-a-potties etc.) will be contained within the in-field of the horse track.

The 5K run/walk will begin and end on the horse track with two loops around the perimeter of the Fairgrounds.

EVENT TIMES:

We will be onsite at the Fairgrounds from 6am-1pm.

Volunteers will arrive between 6:30am and 7:30am.

The girls and their families start arriving at 8am.

The 5K run starts at 9:45am.

Most girls complete the 5K in 45 min to 75 min.

The event will wrap up at 11:30am and staff and volunteers will breakdown in about an hour so we will be gone by 1pm at the latest.

CONTACT:

Girls on the Run-Maine

Our office address is: 980 Forest Ave Suite 206 Portland, ME 04103

Office phone: 207-747-5677

Event Staff

Emily Clark cell: 207-653-8621 emily.clark@girlsontherun.org

Staci Olson cell: 207-798-0242 staci.olson@girlsontherun.org

Allison Ayan cell: 207-239-9135 allison.ayan@girlsontherun.org

Katie VerLee cell: 774-641-0223 kate.verlee@girlsontherun.org

Maggie Poisson cell: 207-671-7397 maggie.poisson@gmail.com

GIRLS ON THE RUN - MAINE

980 Forest Avenue, Suite 206
Portland, ME 04103

<http://girlsontherunmaine.org>





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/3/2017

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

PRODUCER NFP Corporate Services (SE) Inc. 1901 Roxborough Rd., Ste. 300 Charlotte NC 28211		CONTACT NAME: Debbie Chiappone PHONE (A/C,N o, Ext): 704-464-0847 FAX (A/C,N o): 704-523-0024 E-MAIL ADDRESS: debbie.chiappone@nfp.com	
INSURED GIRMAIN Girls on the Run-Maine 980 Forest Ave. Portland ME 04101		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Ins. Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 18058	

COVERAGES

CERTIFICATE NUMBER: 373088768

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse/Molestatio <input checked="" type="checkbox"/> Special Events GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			PHPK1593415	2/1/2017	2/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1593415	2/1/2017	2/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB568195	2/1/2017	2/1/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Proof of insurance for Girls on the Run-Maine for 5K event on June 4, 2017 at Cumberland Fairgrounds.

CERTIFICATE HOLDER**CANCELLATION**

Town of Cumberland 290 Tuttle Road Cumberland ME 04021	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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