

ITEM

17-077

To hold a Public Hearing to consider and act on a Mass Gathering
Permit for the Penobscot Valley Kennel Club Chickadee Classic
Dog Show to be held from June 22nd – 25th, 2107 at the
Cumberland Fair Grounds

4

Mike Timmons
653-9283-

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: Penobscot Valley Kennel Club, Inc.

Address of Applicant: P.O. Box 354 Brewer, ME 04412-0354

Name of Event: Chickadee Classic Dog Show

Facility where the event will be held: Cumberland Camp Grounds

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): Penobscot Valley Kennel Club

Telephone number: Nancy Daniels

Date of Event: June 22-23-25 Time (start and finish times): 8^{AM} - 4^{PM}

Number of tickets available: 500 Visitors Per day

Expected attendance: 500 x 3 = 1500

Description of event: Classic Dog Show -

Will any food vendors be serving at the event: ☒ yes, _____ no, (if yes, how many, and
what types) Fat Gays - 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 Fair - 2016
2. Cumberland Fair Grounds 2015
3. Cumberland Fair Grounds 2014

Description of facility:

- A. Seating capacity: N/A permanent; _____ temporary
- B. Other seating capacity: _____ festival; _____ standing room only (sq. ft.)
- C. Number of toilets available: 6 permanent; 6 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 all areas lighted - 24 hrs.
- F. Source of potable water: Town water
- G. Refuse containers available, number and size: 10 yds
- H. Name of refuse disposal company (attach a copy of the agreement to pick up refuse)
Triano-
- I. When will refuse be picked up? cleaned up 6am daily

Public Safety:

- J. Describe first aid facilities: on call - Cumberland
- K. Describe emergency facilities: on call Cumberland
- L. Describe communication facilities: Public
- M. Number of certified police officers: on call
- N. Other security personnel (include company name and qualification): on staff
- O. Describe fire personnel: Cumberland on call



Penobscot Valley Kennel Club, Inc.

March 30, 2017

Mr. Mike Timmons
140 Bruce Hill Road
Cumberland, ME 04021

Re: Mass Gathering Permit for 2017 Chickadee Classic

Dear Mr. Timmons:

Nancy Daniels asked me to send you the enclosed check, No. 2087, in the amount of \$250.00 to cover the cost of obtaining a mass gathering permit for the 2017 Chickadee Classic dog show scheduled for June 22, 23, 24 and 25.

As always, we appreciate doing business with you and the Cumberland Farmers Group.

Thank you.

Sincerely,

Claudia J. Edwards
Treasurer

Cje
Enclosure 1



PENOVAL-01

CDISOTELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2017

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 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).

PRODUCER Sportsmen's Insurance Agency Plan P O Box #799 Cape Vincent, NY 13618	CONTACT NAME: PHONE (A/C, No, Ext): (315) 654-2068 E-MAIL: ADDRESS:		FAX (A/C, No): (315) 654-3097
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Penobscot Valley Kennel Club PO Box 354 Brewer, ME 04412	INSURER A : Hanover Insurance Company		22292
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			RHSA193554 03	05/08/2017	05/08/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE \$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR ORGANIZED DOG CLUB ACTIVITIES.

CERTIFICATE HOLDER

CANCELLATION

Penobscot Valley Kennel Club
PO Box 354
Brewer, ME 04412

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