

MAY 15 2025

TOWN OF CASCO

Mass Gathering License Application

(Minor, 250 to 499 persons Major, 500 or more persons)

For office use only

Date filed: _____
Fee paid: _____
Date Ordinance Received: _____
Publication Dates: _____
Publication Names: _____
Public Hearing Date: _____
Issued/Denied: _____

Application Fees:
Non-profit, minor \$1.00 ✓
Non-profit, major \$1.00
For-profit, minor \$100.00
For-profit, major \$250.00

This application must be filed with the Town Clerk not less than sixty (60) days before the date of the event. Application must be accompanied by a non-refundable application fee as indicated above.

Name of Applicant (or name of organization and authorized agent): Casco Day Fair Association

Is applicant a not-for-profit organization? Yes, 501 c 4 (If yes, attach a copy of State of Maine and IRS tax exempt certificates.)
Not tax exempt

Address of Applicant: PO Box 183, Casco, ME 04015 Home Telephone # 508-864-5630
Work Telephone # _____

Name of Event: Casco Days

Location where event will be held: 948 Meadow Road, Casco

Is this property owned by the applicant? No, owned by Town - (If no, attach a copy of the contract with or letter of authorization from the owner allowing use of the property for the event.)
Casco Days has deed access

Name of Promoter (if different from above): _____

Telephone #: _____ Address: _____

Date(s) of Event: July 24 - 25 - 26 Time (start and finish times): 24th - 5 - 10 PM, 25th 5 PM - 10 PM,
26th 9 AM to 10 PM

Expected Attendance: 5,500

Description of Event (Attach additional sheets if necessary.): Carnival with food, games, rides, parades and entertainment

Will food be sold and/or served at this event? yes

Will alcoholic beverages be sold and/or served at this event? no

Description of Property:

- A. Seating capacity: _____ permanent _____ temporary _____ other
- B. Standing room: _____ square feet
- C. Number of toilets available: 2 permanent 4 portable
- D. Number of parking spaces available: _____ on site _____ off site
- E. Are all parking lots lighted? (Applicable only if event runs into evening hours.)
x _____ yes _____ no If no, which lots are not lighted? _____
- _____
- F. Source of potable water: Town Well
- G. Refuse containers available; number and size: 33 Gallon 24
- H. Name of refuse disposal company. (Attach copy of agreement to pick up refuse or describe plan for proper disposal of waste.)
Plan to be finalized
- I. When will refuse be picked up? as needed from Midway

Public Safety:

- J. Describe first aid/medical personnel and provisions: Staffing by Casco Fire & Rescue
- _____
- K. Describe fire/emergency equipment and availability: Fire Truck & Ambulance
- _____
- L. Describe communication system: Portable radios & telephones
- _____
- M. Number of certified police officers: 2 Cumberland County Deputies on at all times
- N. Other security personnel (provide company name and qualifications): _____
Casco Day Volunteers & Otisfield Fire Department

Traffic Plan:

- O. Description of routes persons attending the event are likely to take, include number of traffic controllers and deployment descriptions. _____
Meadow Road, Leach Hill Road, Mayberry Hill Road

- P. Describe methods used to publicize alternate routes of reaching the scene of the event.

Directions on facebook and website

- Q. Provide statement of availability of private towing firms to remove disabled vehicles. _____

Follow CFRD protocol and emergency plan for Casco Days


Other:

- R. Name of liability insurance carrier (Attach proof of insurance.) Chalmer's Insurance

will provide as soon as we have it back - application has been submitted

- S. Type of performance guarantee (i.e., escrow account, letter of credit): _____

I have received a copy of the Mass Gathering Ordinance of the Town of Casco, and hereby submit this application, which is true and complete to the best of my knowledge and ability.


Signature of Applicant

Reviewed by: (Name and Date)

(Town Clerk)

(Code Enforcement Officer)

(Fire Chief)

(Rescue Chief)

(Public Works Director)

Approved by: (Town Manager or Selectmen's name(s), as appropriate, and date)
