

STATE OF MAINE HEALTH INSPECTION PROGRAM

LICENSE APPLICATION FOR **MASS GATHERING PERMIT**

Applicant Information

Name of the Event: _____

Location of Event: _____ Town/City, Zip Code: _____

Mailing Address; Town/City, Zip Code: _____

Business Telephone: _____ Business E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Contact FAX #: _____ Contact E-mail: _____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED FOR COMPLETION. IT'S ILLEGAL TO OPERATE UNTIL AN INSPECTION IS PERFORMED AND A PERMIT IS ISSUED.

1. Business Information:

Please check one: ☐ Corporation/LLC ☐ Individual ☐ Partnership ☐ Association ☐ Other**Corporation/LLC, Individual, Partnership, Association or Other Name:** _____**Owner(s) Name:** _____**Owner(s) Mailing Address:** _____

My business corporation is in good standing with the Secretary of State.

☐ Yes ☐ NoPlanned Opening Date: _____ (Allow at least 30 days following your submission of a **completed** application before planning to open.)

Dates of event: _____ to _____

2. License Type & Fees: Check (✓) the appropriate box for your proposal:

EATING	CHECK HERE	FEES
Application Review		\$100.00
2,000 - 10,000		\$400.00
10,001 - 30,000		\$500.00
30,001 - 50,000		\$600.00
50,001 +		\$750.00

3. Event Information:

Please refer to Ch 214 Mass Gatherings for specific requirements.

<http://www.maine.gov/sos/cec/rules/10/chaps10.htm>

A. A description of the event's goals and objectives.

B. Name, address and telephone number of the event's principal sponsor or sponsors.

C. Describe the planned date (s) of the event, duration, and start time.

D. Describe the event location, land owner, name of local officials in authority with whom you are working.

Town/city/etc. _____ . Local official _____

Land Owner _____ . Road name _____ .

E. Describe the site where the event is to be held and enclose a copy of the tax map with abutting landowner names.

Total acres _____ . Parking acres _____ .

Event acres _____ . Non-event acres _____ .

F. Describe the security and emergency service arrangements.

Distance to nearest Police (_____) and Fire (_____) Departments.

G. Describe the plan to provide sanitary toilet facilities for the event. (Appendix C if applicable)

H. Describe the plan to provide a potable water supply for human consumption to the site based on a minimum of one gallon of water for every two persons in attendance.

I. Describe a plan for solid waste storage and site cleanup.

Name of bonding company_____. Cash posted \$_____

J. Describe the medical emergency plan, including facilities for transporting people with medical emergencies.

Name of EMT_____. Distance to Medical Center_____miles

K. Describe the noise impact on non-participants and calculate the dbA level at the nearest residence.

L. Describe the planned method of providing electric power with GFI, the minimum intensity of site illumination of 15 lumens, and general fire safety equipment at the site.

M. Describe the method of estimating the attendance, or the procedure to insure compliance with the permit exemptions, such as holding the event at an exempted site or keeping the number of people under 2000.

4. Signature: _____

I, _____, Owner/Operator of the business, hereby state that this

PLEASE PRINT NAME CLEARLY

application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

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PLEASE MAIL TO:

**Health Inspection Program
286 Water Street 3rd Floor
Augusta, ME 04333-0011**



Please refer to the License Type & Fees for specific fees for various licenses on page 1

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE
(Fees are non-refundable.)**

For more information, please refer to our rules <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>
Ch. 214: Mass Gatherings

If you have questions, please call the Health Inspection Program at 207-287-5671.

We wish you remarkable success with your event!

Appendix C
On site Wastewater Disposal System - Local Review and Verification Form

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Please include this completed form with your license application.

Health Inspection Program
Onsite Wastewater Disposal System Local Review and Approval Form
HHE-602 Appendix C

To Be Completed By The Owner /Applicant

Date: _____

Facility Name: _____

Facility Physical Address: _____

Facility: ☐ Owner ☐ Operator

Telephone: _____

E-mail: _____

Mailing Address: (if different from above): _____

Check all the boxes that apply. Are you proposing: ☐ New Construction ☐ Remodeling ☐ Change in Use

☐ Change in Ownership ☐ Increased Use ☐ Other Please Specify: _____

Please describe the proposed use or proposed change in existing use for this property:

a. Prior Use: _____

(for example " takeout with 40-seats", "a 40-site campground", or not previously licensed.)

b. Proposed Use: _____

(List number of units for example: "a 40-seat restaurant", "a 30-unit motel" or "no change in use"

c. Are you a new owner of the establishment? : ☐ Yes ☐ No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: A.) the existing wastewater disposal system has the capacity required for your proposal; or B.) you have had a new or expanded wastewater disposal system designed, installed and inspected that will meet the requirements for proper wastewater disposal. **Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

To be completed by the Local Plumbing Inspector:

MANDATORY: LPI PLEASE WRITE IN THE NUMBER OF INDOOR/OUTDOOR SEATS, ROOMS, CAMPERS AND/OR SITES

Seats In: _____ Seats Out: _____ Rooms: _____ Cottages: _____

Campground Sites: _____ Youth Camp Campers: _____ Youth Camp Staff: _____

OBD COMPLIANT: ☐ YES ☐ NO

(If has an Overboard Discharge System for wastewater disposal, contact DEP Compliance Staff: <https://www.maine.gov/dep/water/wd/OBD/index.html>. _____ # of gallons licensed to discharge.

(To request a record search for difficult to find to find permits please visit <https://www.mainepublichealth.gov/septic-systems>.)

I, _____ the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature _____ **Date** _____