

**APPLICATION AND PERMIT FOR  
USE OF LITTLE FALLS RECREATION AREA  
MULTIPURPOSE FIELDS  
Town of Gorham, Maine**

**Date of Application:** \_\_\_\_\_

**1. Organization Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Authorized Representative and  
Contact Person:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**e-mail address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Cell Number**

**List Board of Directors/Volunteers of the Organization**

<b>Name</b>	<b>Name of Organization</b>	<b>Position held within the Organization</b>
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_____ <b>Name</b>	_____ <b>Name of Organization</b>	_____ <b>Position held within the Organization</b>
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_____ <b>Name</b>	_____ <b>Name of Organization</b>	_____ <b>Position held within the Organization</b>
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_____ <b>Name</b>	_____ <b>Name of Organization</b>	_____ <b>Position held within the Organization</b>
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**Name                      Name of Organization                      Position held within the Organization**

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**Name                      Name of Organization                      Position held within the Organization**

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**Name                      Name of Organization                      Position held within the Organization**

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**3.      Identify the dates and times you are requesting use of the facility(s).  
(attach schedule and indicate use: athletic contest, practices, etc)**

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Note: No permanent activities or structures are allowed except major Town of Gorham facilities, such as schools, libraries, recreation department, public works or public safety facilities.

**7. When will the activity begin?**

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**When will the temporary structure be added? (Storage Pod, batting cage, goals, etc.)**

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**8. When will the temporary activity cease or structure be removed?**

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**9. All organizations must provide evidence of liability insurance and have the Town of Gorham listed as additionally insured. Is evidence of liability insurance provided? (see attached requirement definition)**

yes \_\_\_\_\_ no \_\_\_\_\_

**Has the Town of Gorham been named as additionally insured? Yes\_\_\_\_\_ No\_\_\_\_\_**

**(attach policy confirmation to application)**

**10. Please outline your organizations plan for spectator parking, participant parking, staff and volunteer parking during events, practices, maintenance periods, etc:**

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It is to be understood by applicant that there will be

**NO PARKING OR DRIVING ON THE GRASS OR FIELD  
AT ANY FIELD, AT ANY TIME.**

**POLICE TAKE NOTICE**

**Gorham Recreation Department reserves the right to close any field facility without prior notice to the applicant due to poor field conditions, vandalism, natural disasters, excessive rain or snow conditions. Every effort will be made to make up the time lost due to field facility closure as soon as possible.**

**All organizations are required to comply with all Federal, State or Local laws and to comply with the Guidelines for Use of Town of Gorham Fields. Failure to comply will result in the revocation of this permit.**

**A majority of the Organizations Board of Directors must sign Field Application.**

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<b>Name</b>	<b>Name of Organization</b>	<b>Position held within Organization</b>
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Storage Pod:

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6. When will the activity cease or structure be removed?

Storage Pod:

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7. All organizations must provide evidence of liability insurance and have the Town of Gorham listed as additionally insured. Is evidence of liability insurance provided?

yes \_\_\_\_\_ no \_\_\_\_\_

Has the Town of Gorham been named as additionally insured? Yes\_\_\_\_ No\_\_\_\_

(attach to application)

8. Please outline your organizations plan for spectator parking, participant parking, staff and volunteer parking during events, practices, maintenance periods, etc:

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**\*\*NOTE: NO PARKING OR DRIVING ON THE GRASS OR FIELD AREA AT THE LFRA PROPERTY AT ANY TIME. POLICE TAKE NOTICE. Parking is allowed in the LFRA parking lots ONLY. No exceptions. Handicap Parking can be designated as needed.**



All organizations are required to comply with all Federal, State or Local laws and to comply with the Guidelines for Use of LFRA Property, approved by the Gorham Town Council on July 1, 1997 and as may be amended. Failure to comply will result in the revocation of this permit.

\_\_\_\_\_

Date

Signature

\_\_\_\_\_

Name of Organization

Position held within Organization

=====

(For office use only)

This application has been: Approved \_\_\_\_\_

Denied \_\_\_\_\_

All buildings or structures must be completely removed at the end of the permitted activity or within 1 year from the date of permit, whichever comes first.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Signature Gorham Recreation Department Director

Note: 1 copy to applicant  
1 copy retained on file.

**APPLICATION AND PERMIT FOR  
USE OF LITTLE FALLS RECREATION AREA  
PROPERTY  
Town of Gorham, Maine**

**Date of Application:** \_\_\_\_\_



**4. If this is a structure, is the structure intended to be:**

**1. Permanent (stay in place for more than 1 year)**

**Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Temporary (structure must be removed within 1 year or at the end of the seasonal activity, whichever comes first)**

**Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: No permanent activities or structures are allowed except major Town of Gorham facilities, such as schools, libraries, recreation department, public works or public safety facilities.

**5. When will the activity begin or structure be added?**

**Storage Pod:** \_\_\_\_\_  
\_\_\_\_\_

**6. When will the activity cease or structure be removed?**

**Storage Pod:** \_\_\_\_\_  
\_\_\_\_\_

**7. All organizations must provide evidence of liability insurance and have the Town of Gorham listed as additionally insured. Is evidence of liability insurance provided?**

yes \_\_\_\_\_ no \_\_\_\_\_

**Has the Town of Gorham been named as additionally insured? Yes\_\_\_\_\_ No\_\_\_\_\_**

**(attach to application)**

8. Please outline your organizations plan for spectator parking, participant parking, staff and volunteer parking during events, practices, maintenance periods, etc:

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Date	Signature
Name of Organization	Position held within Organization

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(For office use only)

This application has been: Approved \_\_\_\_\_

Denied \_\_\_\_\_

All buildings or structures must be completely removed at the end of the permitted activity or within 1 year from the date of permit, whichever comes first.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date**

**Signature Gorham Recreation Department Director**

**Note: 1 copy to applicant  
1 copy retained on file.**

