Town Council - Meeting Agenda

May 19, 2026 @ 6:30pm
Council Chambers - 1 Portland Avenue

www.oobmaine.com/town-council

**Members of the public wishing to view the meeting from home may tune into Local Access TV (Channel 3 or 1301 - check with your provider) or by clicking the Meeting Videos link on oobmaine.com.)*

PLEDGE OF ALLEGIANCE:

ROLL CALL:

ACKNOWLEDGEMENTS:

GOOD & WELFARE:

PRESENTATION:

ACCEPTANCE OF MINUTES:

Accept the minutes from the May 5th, 2026, Town Council Meeting.

Chair: Shawn O'Neill

PUBLIC HEARING – BUSINESS LICENSE & APPROVALS:

Duchesne Family Trust of 2022 (Josh & Adrienne Duchesne), 1 Boisvert Street #3, 305-3-1-3, 1 Year-Round Short-Term Rental (previous license at address).

Roopa Mater, 1 Boisvert Street #8, 305-3-1-8, 1 Year-Round Short-Term Rental (previous license at address).

Strong Island LLC, 20 Washington Avenue, 308-3-11, 1 Year-Round Short-Term Rental (previous license at address).

Elena Barnes, 20 Ivy Avenue, 206-12-5, 1 Seasonal Short-Term Rental (previous license at address).

Michael Connors, 146 West Grand Avenue #51, 318-8-6-51, 1 Year-Round Short-Term Rental (previous license at address).

Rakshya Dhungel, 30 Birch Lane, 106-5-30, 1 Year-Round Short-Term Rental (no previous license at address).

Melissa Paglia-Hurley, 78 East Grand Avenue #102, 304-7-1-2, 1 Year-Round Short-Term Rental (previous license at address).

Leduc Family Living Trust (Mary Leduc), 170 East Grand Avenue #1, 302-7-8-1, 1 Seasonal Short-Term Rental (no previous license at address).

James & Franca Morgan, 117 Portland Avenue, 104-2-6, 1 Seasonal Short-Term Rental (previous license at address).

Mark & Anne Duval, 16 Sandpiper Road, 324-11-15, 1 Seasonal Short-Term Rental (previous license at address).

Nicholas Kress, 20 Carll Avenue, 205-12-14, 1 Year-Round Short-Term Rental (previous license at address).

Iris Theory (Terry Farmer), 27 Old Orchard Street, 206-31-20, 1 Retail License (previous license at address).

Carolyn & Walter Dimek, 125 Portland Avenue #16, 104-2-13-16, 1 Year-Round Rental (previous license at address).

Island View Motel (Saltwater Suites LLC), 172-174 East Grand Avenue, 302-7-9, 17 Motel Units (previous license at address).

Mary Ann Desanto, 39 Union Avenue, 315-17-15, 1 Year-Round Rental (previous license at address).

166 Massachusetts Ave LLC (Rich Meoli), 113 West Grand Avenue, 316-8-8, 1 Year-Round Short-Term Rental (previous license at address).

STUFFED (David Shalmoni), 26 Old Orchard Street, 205-4-3, 1 Victualers with Preparation and No Alcohol Sales License (previous license at address).

Zafar Properties V LLC (Syed Zafar), 31-33 Fern Park Avenue, 312-2-9, 4 Year-Round Short-Term Rentals (previous license at address).

SY LLC (Susan Young), 18 Smithwheel Road #32, 210-2-6-32, 1 Year-Round Rental (no previous license at address).

OOB Life (Anne Marie Serrechia), 19 East Grand Avenue #C, 306-4-3, 1 Retail License (previous license at address).

Chair: Shawn O'Neill

PUBLIC HEARING – SPECIAL AMUSEMENT PERMITS & APPROVALS:

BNP INC, Sunset Bar & Grill, 307-1-6, 4 Fernald Street, Live Music, Outside, 2:00pm-10:00pm (Mon-Thurs) & 12:00pm-11:00pm (Fri-Sun) (*Last year was 12:00pm-11:00pm, Sunday through Saturday.*)

Chair: Shawn O'Neill

TOWN MANAGER REPORT

NEW BUSINESS:

AGENDA ITEM #9013

Discussion with Action: Appoint Timothy Pellerin as the Town Manager, for a two year contract according to Charter Section 409.1, effective June 1, 2026, through June 1 2028 at $142,000 annually, and after a successful 6 month probationary period, the salary shall increase to $150,000.

Chair: Shawn O'Neill

AGENDA ITEM #9014

Discussion with Action: Confirm the appointment and promotion of Michael Foster to Town Planner effective, May 4, 2026, at $88,850 annually.

Chair: Shawn O'Neill

AGENDA ITEM #9015

Discussion with Action: Approve the quote from Jordan Equipment for the purchase of new tracks for the Public Works Bobcat skid steer in the amount of $9,188.82 from account #20151-50452 Public Works Operating Equipment Repair Expense with a balance of $105,200.30.

Chair: Shawn O'Neill

PURCHASE ORDER REQUEST FORM

Date: 05/11/26 Department: Public Works

Vendor #: 10001 (is vendor active in Munis? If not a vendor packet needs to be completed prior to requesting PO)

Vendor Name: JORDAN EQUIPMENT

Account (Org/Obj): 20161-50

Current Account Balance: $105564.33

Amount Requested: $9188.82

- Copies of quotes if required, are they attached? Yes ○ No ○
- Copies of bids if required, are they attached? Yes ○ No ○
- Items to purchase $5000 and over approved by Council? Yes ○ No ○
  - Agenda Item #_____
  - Date approved_____

General Description: NEW TRACKS FOR THE SKID STEER THE ONES ON THERE ARE WORN OUT AND BROKEN STARTED WATCHING THIS 2 YEARS AGO

Estimate, Quote or Itemized list included (enter items on attached table): Yes ◉ No ○

- Quantity
- Cost for each
- Description of item
- Freight charge

Jaime Conte 5-11-26

Department Head Signature Date

JORDAN EQUIPMENT CO.
Rigging • Wear Parts • Construction Supplies

35 Dave's Way
Hermon, ME 04401
207-848-9036
Fax: 207-848-9037

18 Blackstrap Road
West Falmouth, ME 04105
207-797-2240 • 800-423-8873
Fax: 207-878-3506

744 Clough Mill Road
Pembroke, NH 03275
603-228-3377
Fax: 603-228-3564

664 Civic Center Drive
Augusta, ME 04330
207-309-3626

Bobcat. ESCO®

www.jordanequipment.com

Ship To: IN STORE PICKUP

Invoice To: OLD ORCHARD BEACH PWD
1 PORTLAND AVE
OLD ORCHARD BEACH ME 04064

Branch		
01 - FALMOUTH		
Date: 05/11/2026	Time: 10:49:05 (O)	Page: 1
Account No.: OOBPW001	Phone No.: 2079342250	Estimate No.: 01 002764
Ship Via:	Purchase Order:	
Tax ID No.: 12345		
		Salesperson: JP1

ESTIMATE EXPIRY DATE: 06/10/2026

PARTS ESTIMATE - NOT AN INVOICE

Part#	Description	U	Qty	Price	Amount
7352427	ROLLER TRACK		10	419.39	4193.90
7227421	SPROCKET, MACHI		2	492.80	985.60
6678748	TRACK, RBR (320		2	2004.66	4009.32
				Subtotal:	9188.82
				Tax:	.00
				TOTAL:	9188.82

Authorization: _____

Public Works
Director
PO # _____
Vendor # _____
Account # 20151-50452
Approved _____
Date _____

Balance
105564.33

AGENDA ITEM #9016

Discussion with Action: Renew the liquor license for BNP INC, Sunset Bar & Grill, 307-1-6, 4 Fernald Street, Class A Restaurant: On-Premise, Beer, Wine & Spirits.

Chair: Shawn O'Neill

AGENDA ITEM #9017

Discussion with Action: Renew the liquor license for OOB Maine Lobster, Johnny Shucks, 205-5-5, 16 Old Orchard Street, Class A Restaurant: On-Premise, Beer, Wine & Spirits.

Chair: Shawn O'Neill

AGENDA ITEM #9018

Discussion with Action: Renew the liquor license for KTD INC, Bell Buoy Restaurant, 205-4-5, 24 Old Orchard Street, Class A Restaurant: On-Premise, Beer, Wine & Spirits.

Chair: Shawn O'Neill

AGENDA ITEM #9019

Discussion with Action: Renew the liquor license for Ocean Jade INC, Ocean Jade Kitchen, 305-4-4, 47 East Grand Avenue, Class A Restaurant: On-Premise, Beer, Wine & Spirits

Chair: Shawn O'Neill

AGENDA ITEM #9020

Discussion with Action: Approve the Special Event Permit for the Salvation Army to have a parade from Saco and Biddeford Savings Bank, down Old Orchard Street to the Square, on July 26, 2026, from 3 p.m. to 4:30 p.m.

Chair: Shawn O'Neill

APPLICATION INFORMATION

PLEASE SUBMIT A **COMPLETE** APPLICATION A MINIMUM OF **30 CALENDAR DAYS** PRIOR TO THE EVENT.

1. Name of applicant Kyle Maynor

   Address of applicant 2 6th Street, Old Orchard Beach, ME
   City State Zip

   Phone number of applicant (___) 207-932-4381 Fax (___)

   Cell phone (___) 207-391-0328 E-mail Kyle.Maynor@use.salvationarmy.org

   On whose behalf is this event being conducted? (Organization, Firm, Corporation, if applicable)

   The Salvation Army

   Website address (if an Organization, Firm or Corporation)

   Type of Event:
   - ☐ Festival/Fair
   - ☐ Race/Walk/Bike Ride
   - ☐ Concert
   - ☒ Parade/March
   - ☐ Other – Please specify

2. Event Description (name all vendors who will provide entertainment and the type of entertainment provided)

   Parade of Witness: Walkers and band

   Will you be using tents? _____YES __X__NO

   If yes, list size of tent and supplier, as well as what portion of the event will be taking place under the tent (i.e. cooking, sales, picnic tables, chairs, etc), and how the tent will be secured.

Will you be using staging? _____YES _____NO

If yes, the following items will be used at the event (Please mark all that apply):

☐ Amplified Music ☐ Bleacher(s) ☐ Dance Floor(s) ☒Live Entertainment
☒ Loud Speaker(s) ☒Microphone(s) ☐ Stadium(s) ☐ Stage(s)

☒ Other: Brass

Note: If any of the above items will be used, please indicate their location on your attached Site Plan/Map. Use of the above items may require the Event Organizer to meet ADA regulations.

3. Chairperson and/or responsible party for the event, if other than above:
(Include information how this person may be contacted at any time during the event).

Name Derek Lance (O/B/O The Salvation Army) Work Phone (___) 845-620-741 2

Address 440 West Nyack Rd, West Nyack, NY 10994
City State Zip

Cell phone (___)_____ Fax (___)_____

E-mail derek.lance@use.salvationarmy. org

4. SET-UP Date for Event _____ Day of Week _____from _____ to _____

Date of Event July 26, 2026 Day of Week Sunday from 3 PM to 4.30 PM

Date of Event _____ Day of Week _____ from _____ to _____

Date of Event _____ Day of Week _____ from _____ to _____

Date of Event _____ Day of Week _____ from _____ to _____

TAKE-DOWN date _____ Day of Week_____ from _____to _____

RAIN DATE(s) _____ Times_____
(If rain date listed, insurance must list rain date)

5. Location of the Event From Saco Biddeford Savings Bank to Town Square Parking
(if applicable, a map or diagram showing the area to be used, or parade route)

6. The estimated number of participants in the event

_____ 0-150; X 150-500; _____ 500-1000; _____ 1,000+

7. If a parade or public gathering, will it occupy any or all of the roadway involved or to be traversed? (if yes, explain). Use extra sheet of paper to describe exact route of parade, including any water stops.

Yes. During parade which will start SBSI and end at Town Square

8. Will the sale of food and/or beverages occur at the event? No If yes, describe the commodities to be sold.

☐ Alcoholic Beverages (only at Ballpark, using Ballpark Licensee) ☐ Pot Luck Items
☐ Professional Catering ☐ Non-Profit Food Vendors ☐ Retail Food Vendors

9. Will there be merchandise sold at the event? _____YES X NO

Description of merchandise _____

10. Is the event a Charitable event? _____YES X NO

Is this event co-sponsored by the Town of Old Orchard Beach? _____YES X NO

If this event a Regional School Unit #23 event? _____Yes X NO
(The request for a waiver can only be requested if the event is a RSU #23 event or sponsored or co-sponsored by the Town of Old Orchard Beach).

11. If the event is charitable, name the beneficiary of the proceeds from the event:

No proceeds from this event

12. List any Event Sponsors:

The Salvation Army

Will admission be charged for the event? _____YES X NO
Will participants be charged for parking?_____YES X NO

13. Has this event been held previously in Old Orchard Beach?

X YES (if yes, please list dates): each year for approximately 26 years

_____ NO

14. What is the applicant doing to ensure the event will not endanger the public safety or disturb the peace? Describe your plans for security at your event, including crowd control (attach additional sheets if necessary). Security plan will need final approval by the Old Orchard Beach Police Department and they have final say in appropriate number and type of security personnel required. Must include at least one Old Orchard Beach Police Officer, if security is required. Costs associated with security are the sole responsibility of the event organizer.

Please describe your security plan (including your plans for controlling ingress/egress of all persons, vehicles, equipment, and Emergency Medical Services) :

SA will work with OOB PD to escort parade and to assist with public safety measure

Additional Uniformed presence provided by: ___Off-Duty Police Officers; ___ Private Security; X Volunteers

Times: _____ How many? 2

If you have already made contact with someone about security, provide the contact name and number:

Name: _____ Phone Number: _____

Please list any items that will be left overnight. If equipment will be left on-site overnight, provide details for personal property safety and security of site: (Note that the event organizer is solely responsible for items left on the property. The Town assumes no responsibility for items of personal property at the location at any time)

N/A

Will audible devices be used at this event? X YES _____NO
If yes, what type of devices will be used? What time will they be used? (Decibel level limits are in Chapter 26 of the Code of Ordinances).

Brass instruments and portable PA for announcement

Where will the event attendees/participants park? Public parking or their respective hotels, most attendees will be residing in local hotels

Will a shuttle service be provided from parking areas to the event site? _____YES X NO

If yes, please describe shuttle plan, and name of company provided service:

Will you require special parking (RV's, trailers, trucks)? _____YES X NO

If yes, give details: _____

15. Describe your plans for waste disposal at your event. What arrangements have you made for removal and disposal of trash generated by your event? Please supply details of numbers and type of containers and supplier of containers that will be used. (Attach additional sheets if necessary) Costs associated with waste disposal are the sole responsibility of the event organizer. Disposal in Town trash receptacles is NOT an accepted means of disposal, and is prohibited.

Not applicable. March only

Is the use of barricades necessary/requested for this event? Yes

If yes, number needed and location Square entrance

Will it be necessary to cover street and/or parking signs for this event, or place no parking signs?

_____YES X NO If yes, please describe:

Is any other public works assistance needed? no

If using First Street or Memorial Park Parking Lot, has the applicant reserved two spaces for Amtrak Parking? N/A.

16. Will there be any use of fire (i.e. tiki torches, grills, barbecues, bonfires, etc? _____YES X NO

If yes, explain: _____

If this application includes a request for a bonfire, the attached Bonfire Permit must also be filled out.

17. Describe your plans for all signage and/or decorations for the event. Please include type of signage to be used, and description of verbiage being posted on signage.

No signage for this event

Will this event be posting a banner on public property? _____YES X NO

If yes, please list requested dates, dimensions of banner, wording on banner, and location (no more than two weeks prior to the event):

18. Alcohol is not allowed on public property, except as outlined in the liquor license for the Ballpark. If this is a Ballpark event, will there be alcohol available for consumption? Note, if alcohol is being served, the Town requires additional Liquor Liability Insurance (minimum $2,000,000, listing Town of Old Orchard Beach as additionally insured): _____YES X NO

Will the alcohol be: _____Sold; _____Given away; _____Both

Describe the type of alcohol to be served, times consumption will be allowed, and plans for controlling consumption:

19. If this is a Ballpark Event, have you signed an agreement with the Ballpark Commission for use of the Ballpark? __N/A__ Yes, it's attached _____ No

20. Will the event involve professional fireworks? _____ YES ____X____ NO
Consumer Fireworks are prohibited. If professional fireworks are requested, what is the name of the Pyrotechnics Company?_____
(If fireworks are requested, the Fire Chief or his designee must approve of the site prior to the application being submitted to the Town Council for consideration. The Pyrotechnics Company must submit the approval the Maine State Fire Marshal's Office at least one week prior to the event, and the event sponsor's insurance must list that fireworks are occurring).

What time/date will the fireworks display occur? _____

21. Will there be any kind of animals at this event? (e.g. petting zoo, pony rides, etc.) ___YES__X__NO

If so, please indicate the location of the animals on the Site Plan/Map.

22. Piping Plovers are state and federally protected birds that nest on beaches. There are mandatory beach management guidelines from April 1st through August 31st of each year. Will this event occur on the beach? _____ YES ____X____ NO

If yes, you must contact the Public Works Department at 207-934-2250, approximately one week prior to the event. In the event there are any active piping plover nests in the vicinity of your event, you may have to move your event farther down the beach, or request permission to change the date of your event.

Piping Plover Essential Habitat: The Maine Department of Inland Fisheries and Wildlife (MDIFW) has designated two areas on Old Orchard Beach as "Essential Habitat" for nesting piping plovers. By statute, a state agency or municipal government shall not permit, license, fund, or carry out projects that will significantly alter an Essential Habitat or violate protection guidelines adopted by MDIFW. This rule is not a prohibition of all projects within areas designated as Essential Habitat. ***However, projects must be reviewed by MDIFW before Town approval.***

If the event is located partly or wholly within a mapped Essential Habitat the applicant will need to coordinate with municipal staff to submit a "Request for Project Evaluation" to MDIFW. MDIFW will evaluate the final project proposal per review standards established for Essential Habitats and determine if the project would significantly alter the habitat or violate protection guidelines.

The applicant is encouraged to obtain MDIFW guidance during project planning and design. Early involvement of MDIFW will help to minimize or avoid potential conflicts, facilitate cooperation between all parties, and enable quick turnarounds on project evaluations.

23. Certificate of Insurance and Additional Insured Endorsement page must be provided to the Town of Old Orchard Beach Town Clerk's Office 30 days prior to the event date. The applicant shall at its own

cost and expense furnish a policy or policies for property damage or bodily injury in the amount of at least $500,000. The Town of Old Orchard Beach **MUST** be listed as an Additional Named Insured.

__X__Yes, it has been provided with the application; _____ No, it will be provided at least 30 days prior to the event.

24. Is the applicant requesting the use of the RSU #23 school property (schools, parking lots, playing fields)? _____YES __X____NO. If yes, has the applicant received approval from RSU #23 or the date the applicant will receive approval?

_____

_____

SPECIAL EVENT PERMIT AGREEMENT

I, Ayana M. Vasquez, Secretary on behalf of The Salvation Army
(Print Applicant Contact Name) (Print Organization/Group Name)

Agree to abide by the following Special Event requirements:

AV

1. All pre-event determined fees shall be paid at least two weeks prior to the event. The Salvation Army agrees to pay any costs determined after the event immediately upon receipt of invoice.

2. Certificate of Insurance and Additional Insured Endorsement page must be provided to the Town Clerk's Office at least 30 days prior to the event date. The Town of Old Orchard Beach MUST be listed as an Additional Name Insured with the proper endorsement included. AV **(initial)**

3. To develop a comprehensive security plan in conjunction with the Old Orchard Beach Police Department.

4. Town property shall not be removed from the premises including but not limited to benches, trashcans, tables, chairs, fencing, signs, etc.

5. Premises will be left in as good a condition as received except for reasonable wear and tear. All trash will be disposed of properly within 12 hours of the end of the event. I accept responsibility for any damages that might occur during the period of use.

6. To comply will all laws, rules, and regulations of the federal, state, and Town governments governing operations and conduct on Town property.

7. This permit agreement may be terminated by the Town of Old Orchard Beach at any time upon finding a violation of any rule, ordinance, and/or condition of the permit or upon good cause shown.

AV

8. ~~For myself and any other persons,~~ organizations, firms and corporations sponsoring the event, which is the subject of this permit application, jointly and severally, hereby contract and agree to pay all costs of services provided by the Town of Old Orchard Beach, in support of said event. All liability is corporate; The Salvation Army does not permit officers to execute personal guarantees'

AV

9. ~~For myself and any other persons,~~ organizations, firms, and corporations sponsoring the event which is the subject of this permit application, jointly and severally, hereby contract and agree to indemnify, defend and hold harmless the Town of Old Orchard beach, its officers and employees, against all claims, loss or liability from any claim or suit arising or alleged to have arisen from any act or omission of said applicant, its agents, invitees or other sponsor in connection with said event. All liability is corporate; The Salvation Army does not permit officers to execute personal guarantees'

10. The facility/area is provided in an "as is" condition. The event organization assumes all responsibility for the security and safety of all participants and spectators of the event.

AV

11. The Salvation Army understand that the Town of Old Orchard Beach has no responsibility for equipment and/or items of personal property at the location at any time.

12. Any misrepresentation or deviation from the final permit conditions will result in immediate revocation of the permit and halting of the event.

13. Events are considered rain/shine. Refunds are not issued if the event does not occur.

14. The permit does not authorize alcohol on any public property, including, but not limited to the beach, Memorial Park, streets and sidewalks.

15. Consumer Fireworks are illegal in Old Orchard Beach.

AV I have read and understand the Special Events Permit Agreement terms and conditions and The Salvation Army agrees to be bound by said terms and conditions. The Salvation Army certifies that the information provided is accurate to the best of The Salvation Army's knowledge.

Signature: _____ Date: 4/22/2026
(authorized representative)

Print name: Ayana M. Vasquez, Secretary

Print Organization Name (if applicable): The Salvation Army

SITE PLAN SKETCH OF SPECIAL EVENT (Completed by Event Coordinator)
In the space below, please provide the following information. Attach a separate map if necessary.

General Map of Location
Event Coordinator's Booth
Tents/Stages/Grandstands
Porta Potties/Rest Rooms
Vendor Locations
Garbage Cans
Water Sources
Street Closures/Parking Information
Water/Electricity Sources
Loudspeakers

AGENDA ITEM #9021

Discussion with Action: Approve the Special Event Permit for the Kora Shriners to hold a parade on Saturday, June 13th, 2026. The parade begins at the Ballpark and ends at the corner of Saco Avenue and Staples Street. Insurance, listing the Town of Old Orchard Beach as additionally insured, to be submitted to the Town Clerk's Office no later than one week before the event.

Chair: Shawn O'Neill

ADJOURNMENT

Chair: Shawn O'Neill

APPLICATION INFORMATION

PLEASE SUBMIT A **COMPLETE** APPLICATION A MINIMUM OF **30 CALENDAR DAYS** PRIOR TO THE EVENT.

1. Name of applicant Michael Robitaille Potentate

   Address of applicant 11 Sabattus Street Lewiston Maine 04240
   City State Zip

   Phone number of applicant (207) 782-6831 Fax (___)

   Cell phone (207) 240-9410 E-mail office@korashriner.org

   On whose behalf is this event being conducted? (Organization, Firm, Corporation, if applicable)

   Kora Shriners

   Website address (if an Organization, Firm or Corporation) Korashriners.org

   Type of Event:
   - ☐ Festival/Fair
   - ☐ Race/Walk/Bike Ride
   - ☐ Concert
   - ☒ Parade/March
   - ☐ Other – Please specify

2. Event Description (name all vendors who will provide entertainment and the type of entertainment provided)

   Kora Shriners Ceremonial Parade made up of members vehicles and walkers.

   Will you be using tents? _____YES X NO

   If yes, list size of tent and supplier, as well as what portion of the event will be taking place under the tent (i.e. cooking, sales, picnic tables, chairs, etc), and how the tent will be secured.

Will you be using staging? _____ YES __X__ NO

If yes, the following items will be used at the event (Please mark all that apply):

☐ Amplified Music ☐ Bleacher(s) ☐ Dance Floor(s) ☐ Live Entertainment
☐ Loud Speaker(s) ☐ Microphone(s) ☐ Stadium(s) ☐ Stage(s)

☐ Other: _____

Note: If any of the above items will be used, please indicate their location on your attached Site Plan/Map. Use of the above items may require the Event Organizer to meet ADA regulations.

3. Chairperson and/or responsible party for the event, if other than above:
(Include information how this person may be contacted at any time during the event).

Name Bernie McAllister Prade Coordinator Work Phone (207) 740-0813

Address 11 Sabattus Street Lewiston Maine 04240
City State Zip

Cell phone (___) _____ Fax (___) _____

E-mail Lisb106@hotmail.com

4. SET-UP Date for Event June 13 Day of Week Saturday from 0845 to 0945

Date of Event June 13 Day of Week Saturday from 0945 to 1145

Date of Event _____ Day of Week _____ from _____ to _____

Date of Event _____ Day of Week _____ from _____ to _____

Date of Event _____ Day of Week _____ from _____ to _____

TAKE-DOWN date _____ Day of Week _____ from _____ to _____

RAIN DATE(s) No Rain Date Times _____
(if rain date listed, insurance must list rain date)

5. Location of the Event Ballpark-Saco Ave-Staples Street-1st Street-Veterans Park
(if applicable, a map or diagram showing the area to be used, or parade route)

6. The estimated number of participants in the event

_____ 0-150; _____ 150-500; ___X___ 500-1000; _____ 1,000+

7. If a parade or public gathering, will it occupy any or all of the roadway involved or to be traversed? (If yes, explain). Use extra sheet of paper to describe exact route of parade, including any water stops.

_____

_____

8. Will the sale of food and/or beverages occur at the event? ___NO___ If yes, describe the commodities to be sold.
☐ Alcoholic Beverages (only at Ballpark, using Ballpark Licensee) ☐ Pot Luck Items
☐ Professional Catering ☐ Non-Profit Food Vendors ☐ Retail Food Vendors

_____

_____

9. Will there be merchandise sold at the event? _____YES ___X___NO

Description of merchandise _____

_____

10. Is the event a Charitable event? ___X___YES _____NO

Is this event co-sponsored by the Town of Old Orchard Beach? _____YES ___X___NO

If this event a Regional School Unit #23 event? _____Yes _____NO
(The request for a waiver can only be requested if the event is a RSU #23 event or sponsored or co-sponsored by the Town of Old Orchard Beach).

11. If the event is charitable, name the beneficiary of the proceeds from the event:

Kora Shriners giving to the community of Old Orchard Beach

12. List any Event Sponsors:

_____ _____

_____ _____

Will admission be charged for the event? _____YES ___X___NO
Will participants be charged for parking?_____YES ___X___NO

13. Has this event been held previously in Old Orchard Beach?

X YES (if yes, please list dates): June 2021

_____ NO

14. What is the applicant doing to ensure the event will not endanger the public safety or disturb the peace? Describe your plans for security at your event, including crowd control (attach additional sheets if necessary). Security plan will need final approval by the Old Orchard Beach Police Department and they have final say in appropriate number and type of security personnel required. Must include at least one Old Orchard Beach Police Officer, if security is required. Costs associated with security are the sole responsibility of the event organizer.

Please describe your security plan (including your plans for controlling ingress/egress of all persons, vehicles, equipment, and Emergency Medical Services) :
Kora Shrine has a Provost Unit who assist with security and traffic control.

These member are equip radios and vest and are in contact with our medical unit.

Additional Uniformed presence provided by: ___Off-Duty Police Officers; ___ Private Security; ___Volunteers

Times: _____ How many? _____

If you have already made contact with someone about security, provide the contact name and number:

Name: Chief Chard OOB Phone Number: _____

Please list any items that will be left overnight. If equipment will be left on-site overnight, provide details for personal property safety and security of site: (Note that the event organizer is solely responsible for items left on the property. The Town assumes no responsibility for items of personal property at the location at any time)

No items left over night

Will audible devices be used at this event? X YES ____NO
If yes, what type of devices will be used? What time will they be used? (Decibel level limits are in Chapter 26 of the Code of Ordinances).

Speaker at the Gazebo if a celebration of Kora Shrine America 250

Where will the event attendees/participants park? Ballpark some will use public parking and some with be bussed from Bayley's Campground where the weekend long event will happen.

Will a shuttle service be provided from parking areas to the event site? X YES ____NO

If yes, please describe shuttle plan, and name of company provided service:

for Kora members and their families only.

Will you require special parking (RV's, trailers, trucks)? ____YES X NO

If yes, give details: ____

15. Describe your plans for waste disposal at your event. What arrangements have you made for removal and disposal of trash generated by your event? Please supply details of numbers and type of containers and supplier of containers that will be used. (Attach additional sheets if necessary) Costs associated with waste disposal are the sole responsibility of the event organizer. Disposal in Town trash receptacles is NOT an accepted means of disposal, and is prohibited.

Public receptacales and carry in carry out policy at the ball park.

Is the use of barricades necessary/requested for this event? As need by police

If yes, number needed and location____

Will it be necessary to cover street and/or parking signs for this event, or place no parking signs?

X YES ____NO If yes, please describe:

Staples Street

Is any other public works assistance needed? TBD

If using First Street or Memorial Park Parking Lot, has the applicant reserved two spaces for Amtrak Parking? Yes.

16. Will there be any use of fire (i.e. tiki torches, grills, barbecues, bonfires, etc? _____YES __X__NO

If yes, explain: _____

If this application includes a request for a bonfire, the attached Bonfire Permit must also be filled out.

17. Describe your plans for all signage and/or decorations for the event. Please include type of signage to be used, and description of verbiage being posted on signage.

Kora Shrine Parade June 13th 10-11AM

Will this event be posting a banner on public property? _____YES __X__NO

If yes, please list requested dates, dimensions of banner, wording on banner, and location (no more than two weeks prior to the event):

18. Alcohol is not allowed on public property, except as outlined in the liquor license for the Ballpark. If this is a Ballpark event, will there be alcohol available for consumption? Note, if alcohol is being served, the Town requires additional Liquor Liability Insurance (minimum $2,000,000, listing Town of Old Orchard Beach as additionally insured): _____YES __X__NO

Will the alcohol be: _____Sold; _____Given away; _____Both

Describe the type of alcohol to be served, times consumption will be allowed, and plans for controlling consumption:

_____

_____

19. If this is a Ballpark Event, have you signed an agreement with the Ballpark Commission for use of the Ballpark? ___X___Yes, it's attached _____No

20. Will the event involve professional fireworks? _____YES ___X___NO
Consumer Fireworks are prohibited. If professional fireworks are requested, what is the name of the Pyrotechnics Company?_____
(If fireworks are requested, the Fire Chief or his designee must approve of the site prior to the application being submitted to the Town Council for consideration. The Pyrotechnics Company must submit the approval the Maine State Fire Marshal's Office at least one week prior to the event, and the event sponsor's insurance must list that fireworks are occurring).

What time/date will the fireworks display occur? _____

21. Will there be any kind of animals at this event? (e.g. petting zoo, pony rides, etc.) ___YES___X___NO

If so, please indicate the location of the animals on the Site Plan/Map.

22. Piping Plovers are state and federally protected birds that nest on beaches. There are mandatory beach management guidelines from April 1st through August 31st of each year. Will this event occur on the beach? _____YES ___X___NO

If yes, you must contact the Public Works Department at 207-934-2250, approximately one week prior to the event. In the event there are any active piping plover nests in the vicinity of your event, you may have to move your event farther down the beach, or request permission to change the date of your event.

Piping Plover Essential Habitat: The Maine Department of Inland Fisheries and Wildlife (MDIFW) has designated two areas on Old Orchard Beach as "Essential Habitat" for nesting piping plovers. By statute, a state agency or municipal government shall not permit, license, fund, or carry out projects/events that will significantly alter an Essential Habitat or violate protection guidelines adopted by MDIFW. This rule is not a prohibition of all projects within areas designated as Essential Habitat. ***However, projects must be reviewed by MDIFW before Town approval.***

If the event is located partly or wholly within a mapped Essential Habitat the applicant will need to coordinate with municipal staff to submit a "Request for Project Evaluation" to MDIFW. MDIFW will evaluate the final event proposal per review standards established for Essential Habitats and determine if the event would significantly alter the habitat or violate protection guidelines. Application is attached.

The applicant is encouraged to obtain MDIFW guidance during project planning and design. Early involvement of MDIFW will help to minimize or avoid potential conflicts, facilitate cooperation between all parties, and enable quick turnarounds on project evaluations.

23. Certificate of Insurance and Additional Insured Endorsement page must be provided to the Town of Old Orchard Beach Town Clerk's Office 30 days prior to the event date. The applicant shall at its own cost and expense furnish a policy or policies for property damage or bodily injury in the amount of at least $500,000. The Town of Old Orchard Beach **MUST** be listed as an Additional Named Insured.

___X___Yes, it has been provided with the application; _____ No, it will be provided at least 30 days prior to the event.

24. Is the applicant requesting the use of the RSU #23 school property (schools, parking lots, playing fields)? _____YES ___X____NO. If yes, has the applicant received approval from RSU #23 or the date the applicant will receive approval?

_____

_____

SPECIAL EVENT PERMIT AGREEMENT

I, Michael Robitaille on behalf of Kora Shriners Lewiston Maine
(Print Applicant Contact Name) (Print Organization/Group Name)

Agree to abide by the following Special Event requirements:

1. All pre-event determined fees shall be paid at least two weeks prior to the event. I agree to pay any costs determined after the event immediately upon receipt of invoice.

2. Certificate of Insurance and Additional Insured Endorsement page must be provided to the Town Clerk's Office at least 30 days prior to the event date. The Town of Old Orchard Beach MUST be listed as an Additional Name Insured with the proper endorsement included. _____**(initial)**

3. To develop a comprehensive security plan in conjunction with the Old Orchard Beach Police Department.

4. Town property shall not be removed from the premises including but not limited to benches, trashcans, tables, chairs, fencing, signs, etc.

5. Premises will be left in as good a condition as received except for reasonable wear and tear. All trash will be disposed of properly within 12 hours of the end of the event. I accept responsibility for any damages that might occur during the period of use.

6. To comply will all laws, rules, and regulations of the federal, state, and Town governments governing operations and conduct on Town property.

7. This permit agreement may be terminated by the Town of Old Orchard Beach at any time upon finding a violation of any rule, ordinance, and/or condition of the permit or upon good cause shown.

8. For myself and any other persons, organizations, firms and corporations sponsoring the event, which is the subject of this permit application, jointly and severally, hereby contract and agree to pay all costs of services provided by the Town of Old Orchard Beach, in support of said event.

9. For myself and any other persons, organizations, firms, and corporations sponsoring the event which is the subject of this permit application, jointly and severally, hereby contract and agree to indemnify, defend and hold harmless the Town of Old Orchard beach, its officers and employees, against all claims, loss or liability from any claim or suit arising or alleged to have arisen from any act or omission of said applicant, its agents, invitees or other sponsor in connection with said event.

10. The facility/area is provided in an "as is" condition. The event organization assumes all responsibility for the security and safety of all participants and spectators of the event.

11. I understand that the Town of Old Orchard Beach has no responsibility for equipment and/or items of personal property at the location at any time.

12. Any misrepresentation or deviation from the final permit conditions will result in immediate revocation of the permit and halting of the event.

13. Events are considered rain/shine. Refunds are not issued if the event does not occur.

14. The permit does not authorize alcohol on any public property, including, but not limited to the beach, Memorial Park, streets and sidewalks.

15. Consumer Fireworks are illegal in Old Orchard Beach.

I have read and understand the Special Events Permit Agreement terms and conditions and I agree to be bound by said terms and conditions. I certify that the information I provided is accurate to the best of my knowledge.

Signature: _____ Date: April 27, 2026
(authorized representative)

Print name: Michael Robitaille

Print Organization Name (if applicable): Kora Shriners

SITE PLAN SKETCH OF SPECIAL EVENT (Completed by Event Coordinator)
In the space below, please provide the following information. Attach a separate map if necessary.

General Map of Location
Event Coordinator's Booth
Tents/Stages/Grandstands
Porta Potties/Rest Rooms

Vendor Locations
Garbage Cans
Water Sources

Street Closures/Parking Information
Water/Electricity Sources
Loudspeakers