



TOWN OF FAIRFIELD

19 Lawrence Ave, P.O. Box 149, Fairfield, ME 04937

Tel (207) 453-7911 x106, Fax (207) 453-4280

SIDEWALK DISPLAY PERMIT APPLICATION

APPLICANT: _____ PERMIT # _____ - _____
Office Use year #

D/B/A: _____

ADDRESS: _____

LOCATION OF DISPLAY: _____

NATURE OF DISPLAY: _____

(attach sketch with dimensions & distances related to sidewalk, buildings, etc)

PROOF OF \$1,000,000 LIABILITY INSURANCE:

☐ YES ☐ NO

Will event re-occur after 30 day period?

☐ YES ☐ NO

If yes, number of anticipated occurrences

_____ per current year

The permittee must and agrees to comply with the **Sidewalk Display Ordinance** and the following terms. Failure to comply with the following terms shall be a violation of the Town of Fairfield **Sidewalk Display Ordinance**. The APPLICANT agrees to defend, indemnify, and hold the Town of Fairfield and its officials, officers, agents, employees, and representatives harmless from and against any and all claims, damages, losses, and expenses to property or injuries to persons, including death, or any other claims, damages, losses, and expenses which may arise under this Agreement due to negligent acts, errors, or omissions of APPLICANT, its employees, agents, or servants.

Signature of Applicant

Printed or typed name of Applicant

STATE OF MAINE, Somerset, SS. Sworn to and subscribed before me this _____ day of _____, 2_____. Then personally appeared the above-named and made oath to the foregoing certificate made is true to the best of their knowledge.

Before me,

ATTEST, Municipal Clerk

☐ Public Works

☐ Chief of Police

☐ Fire Chief

☐ Code Enforcement

☐ APPROVED

☐ DISAPPROVED

☐ FILED w/CLERK

☐ COPY: PD/FD/PW/CEO

Date Approved / Denied: _____

If Approved, Expiration: _____

(30 day limit)

Municipal Clerk

Fee \$0

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