

VOLUNTARY ROAD TOLL APPLICATION

I/We hereby request permission from the Calais City Council to hold a **Voluntary Road Toll**.

On (date or dates): _____

At (location, 1st choice): _____

(location, 2nd choice): _____

Contact Person: _____
Print Name Signature

For: _____
Organization

Address: _____

Telephone: _____

Date: _____

Return completed application to:

Fax: 207-454-2757

email: cityclerk@calaismaine.org

CALAIS CITY CLERK

P.O. BOX 413

CALAIS, ME 04619

**Note: Applications must be submitted by December 31st of each year.
Proof of General Liability Insurance must be submitted with
application. Applications will be considered at the 1st meeting of
January of each year.**

Each organization shall be granted no more than one permit per year, for no more than two consecutive days. If two consecutive days are requested, they must be at two different locations.

Road tolls will be limited to the hours between 8:00 a.m. and 4:00 p.m. at the following locations:

- Choices of locations:
- A. South Street (Walmart)
 - B. North Street (Border Electric)
 - C. Main Street (Memorial Park)

An Equal Opportunity Employer and Provider

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