



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 11/21/2017

Event Title or Type: Rotary Oyster Roast

Location of Event: Long Wharf

Date(s) of Event: March 24, 2018

Hours of Event: Noon till 4 pm

Organization/Corp. Name: Cambridge Rotary Foundation

Signature of Holder of Event: *Jeff Hubbard*

Printed Name: Jeff Hubbard Title: Past President

Address of Holder of Event: 102 High Street, Cambridge MD

Business Telephone: 410-822-1520 Residence Telephone: 443-786-7924

Is Organization Non-Profit? Yes No Is there a charge for admission? Yes No

Is event to on City, State, or Private Property? City If private, name of owner: _____

You requesting the city to provide trash containers? Yes No

Is water available at event? Yes No

If yes, list source of water (i.e. fire hydrant, Great Marsh, Sailwinds, etc.): hose bibs

Will a tent be erected? Yes No (Include on plan)

Expected Attendance: 400 Venue Seating Capacity: >2000

Is parking available: Yes No For how many vehicles? 200

Is staging or platform required? Yes No Amplification? Yes No

List types of musical instruments: drums, guitar, etc

Are required approvals attached, e.g., State, County: Yes No

Is a street closing being requested (attach map)? Yes No (do want to close Long Wharf Parking Lot from 10 am – 5 pm)

If yes, indicate closure time (consider set up and breakdown time): _____

Will food be prepared on the premises? Yes No

If yes, is County Health Dept. Inspection Approval attached? Yes No

Will alcohol be served? Yes No

If yes, please attach a copy of the county liquor license
If no, please submit a copy after you receive it

ROAD RACE, WALK-A-THON, ETC.

On Roadway Yes No

On Sidewalk Yes No

Will notification be made to residents along the route? Yes No

Will temporary signs be posted? Yes No

(Signs must be removed by the following business day, no paint is allowed on streets or sidewalks.)

SPECIFIC ROUTE: _____

-FOR OFFICE USE ONLY-

City Manager Approved/Denied: _____ Date: 1/3/18

Special Conditions, if : see agenda

Police Detail Estimated Cost: \$ _____ DPW Personnel Estimated Cost: \$ _____

Cambridge Police Department: Approved: Denied: _____ Signature: [Signature]

Rescue Fire Department: Approved: _____ RFC is good with this. _____

Department of Public Works: Approved: Denied: _____ Signature: George W. Hyde