



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 11/6/17

Event Title or Type: IRONMAN 70.3 BAGLEMAN

Location of Event: GREAT MARSH PARK

Date(s) of Event: SUNDAY 10 JUNE 2018

Hours of Event: 4:00 AM UNTIL LATE

Organization/Corp. Name: IRONMAN

Signature of Holder of Event: [Signature]

Printed Name: GILLY BOWEN Title: RACE DIRECTOR

Address of Holder of Event: 700 CASTLE COVE CAMBRIDGE MD 21613

Business Telephone: 443 786 0059 Residence Telephone: _____

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

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

You requesting the city to provide trash containers? Yes No IN ADDITION TO OUR OWN

Is water available at event? Yes No

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

Will a tent be erected? Yes No (Include on plan) SITE PLAN ATTACHED.

Expected Attendance: 2000 Venue Seating Capacity: _____

Is parking available: Yes No For how many vehicles? STREET PARKING

Is staging or platform required? Yes No Amplification? Yes No GREAT MARSH - WEATHER PERMITTING OWN RESOURCES

List types of musical instruments: NA

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

Is a street closing being requested (attach map)? Yes No **NO - COURSE MAPS INCLUDED.**
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 **LICENSE TO BE APPLIED FOR BY MAIN ST INC.**

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: COURSE MAPS ATTACHED.

-FOR OFFICE USE ONLY-

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

Special Conditions, if: See agenda ~~report~~

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

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

Rescue Fire Department: Approved: Denied: Signature: [Signature]

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