



SANDRA TRIPP-JONES  
City Manager

# APPLICATION FOR A SPECIAL EVENT PERMIT

Agenda Item No. 09

Date: 05/14/2018

Date of Application: 5-2-18

Event Title or Type: RELAY FOR LIFE

Location of Event: SAILWINDS PARK

Date(s) of Event: 5-18-18

Hours of Event (Actual): 4pm - 10pm

Name of Applicant: JUANITA DARGY Title: Chair person

If representing an organization or company, name(s): RELAY FOR LIFE

Signature of Applicant: Juanita Dargy

If application is presented on or behalf of 1 or 2 businesses only, list names of business(es):

Address of Applicant: 408 ROBBINS FARM RD

Telephone: 443-521-4298 Email: RESCUE303@CAMCAST.NET

Expected attendance: 300

Is a street closing being requested? Yes  (show on map) No

If yes, what street(s) \_\_\_\_\_

If yes, indicate street closure & reopen times  
(include set up and breakdown time): \_\_\_\_\_

Is staging or a platform required? Yes  (show on map) No  Amplification: Yes  No

If event is on private property, name of Property Owner: \_\_\_\_\_

Will trash barrels & pick-up be provided by event holder? Yes  No

Will portable toilets be provided? Yes  (show on map) No

Will Tent be erected? Yes  (show on map) No

Will food be prepared on the premises? Yes  No

Will alcohol be served? Yes  No



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## ROAD RACE, WALK-A-THON, ETC.

On Roadway? Yes  No

On Sidewalk? 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:

AROUND SA:LEWIS PARK INSIDE THE PARK

- I attached a map showing locations of street closures, vehicles and temporary structures.
- For new events, I have attached documentation of notification of the application to all affected businesses and residents, and attest that a majority have supported and/or not objected to this event.
- I have read & agree to the City's Street Closures Policy.

### FOR OFFICE USE ONLY

Conditions of Special Event Permission: \_\_\_\_\_

Police Costs: \$ \_\_\_\_\_ DPW Costs: \$ \_\_\_\_\_ Other Costs: \$ \_\_\_\_\_

TOTAL COSTS REQUIRED BY CITY COUNCIL: \$ \_\_\_\_\_

#### Recommendations:

Cambridge Police Department Approval  Denial

[Signature]  
Signature

Rescue Fire Department Approval  Denial

Signature

Public Works Department Approval  Denial

[Signature]  
Signature