



SANDRA TRIPP-JONES
City Manager

APPLICATION FOR A SPECIAL EVENT PERMIT

Agenda Item No. 05

Date: 0709/2018

Date of Application: 6/21/18

Event Title or Type: Tent Revival

Location of Event: 815 Center street Cambridge, MD. 21613

Date(s) of Event: August 8, 9, 10 / 2018

Hours of Event (Actual): 6PM to 8PM

Name of Applicant: Elder Gregory Aldridge Title: Elder/ASST. Pastor

If representing an organization or company, name(s): Agape Temple of Praise & Ministries, INC.

Signature of Applicant: Gregory Aldridge

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

Address of Applicant: 305 Race St. / P.O. Box 262 Vienna, MD 21869

Telephone: 410-901-7888 Email: decongregol@yahoo.com

Expected attendance: APPROX. 80

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

If yes, what street(s) The corner of Center Street and Robbins St to the center of center street,
If yes, indicate street closure & reopen times (include set up and breakdown time): 4PM to 8PM

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:

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

Rescue Fire Department Approval Denial

Public Works Department Approval Denial

Signature

Signature

Signature