



PATRICK COMISKEY
City Manager

APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: May 22 2019

Event Title or Type: Harnett Taboran African Drum Circle & Workshop

Location of Event: Cannery Way downtown Cambridge Maryland

Date(s) of Event: July 14, 2019

Hours of Event (Actual): 1 to 3 pm

Name of Applicant: Jermaine Anderson Title: Coexecutive director

If representing an organization or company, name(s): Alpha Genesis CDC

Signature of Applicant: [Signature]

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

Address of Applicant: 2735 Dorchester Square Camb, MD 21613

Telephone: 443-521 2951 Email: Jermaine.anderson.f@g@gmail.com

Expected attendance: 50 to 75

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

If yes, what street(s) N/A

If yes, indicate street closure & reopen times (include set up and breakdown time): N/A

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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APPLICATION FOR A SPECIAL EVENT PERMIT

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

Recommendations:

Cambridge Police Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Rescue Fire Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Public Works Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature



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City Manager

APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: May 22 2019

Event Title or Type: Youth Engagement summer kick off event

Location of Event: Cornish Park

Date(s) of Event: June 15th

Hours of Event (Actual): 9 AM 3 PM

Name of Applicant: Alpha Genesis CDC Title: Executive Director

If representing an organization or company, name(s): Jermaine Anderson

Signature of Applicant: [Handwritten Signature]

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

Address of Applicant: 2735 Dorchester Square Camb MD 21613

Telephone: 410-521-2951 Email: jermaine.anderson.fis@gmail.com

Expected attendance: 50 to 100 people

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

If yes, what street(s) N/A

If yes, indicate street closure & reopen times (include set up and breakdown time): N/A

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

If event is on private property, name of Property Owner: N/A

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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On Roadway? Yes No

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Conditions of Special Event Permission: _____

Police Costs: \$ _____ DPW Costs: \$ _____ Other Costs: \$ _____

TOTAL COSTS REQUIRED BY CITY COUNCIL: \$ _____

Recommendations:

Cambridge Police Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Rescue Fire Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Public Works Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature



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City Manager

APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: May 22 2019
 Event Title or Type: A - Father's connection African Drum Circle
 Location of Event: Cornish Park
 Date(s) of Event: June 16th
 Hours of Event (Actual): 1pm to 3 pm
 Name of Applicant: Jermaine Anderson Title: Executive director
 If representing an organization or company, name(s): Alpha Genesis CDC
 Signature of Applicant: [Handwritten Signature]

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

Address of Applicant: 2735 Dorchester Square Camb MD 21613
 Telephone: 443-521-2951 Email: Jermaine Anderson.fry@gmail.com
 Expected attendance: 50 to 75

Is a street closing being requested? Yes (show on map) No
 If yes, what street(s) N/A
 If yes, indicate street closure & reopen times (include set up and breakdown time): N/A

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

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

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Conditions of Special Event Permission: _____

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TOTAL COSTS REQUIRED BY CITY COUNCIL: \$ _____

Recommendations:

Cambridge Police Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Rescue Fire Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Public Works Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature