



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 5/22/2019

Event Title or Type: Gerry Boyle Celebration of Life

Location of Event: Governor's Hall at Sailwinds

Date(s) of Event: 6/7/2019

Hours of Event (Actual): 6 - 9 pm

Name of Applicant: Bill Christopher Title: President

If representing an organization or company, name(s): Dorchester Chamber of Commerce

Signature of Applicant: 

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

Address of Applicant: 528 Poplar Street

Telephone: 410-228-3575 Email: bill@dorchesterchamber.org

Expected attendance: 1,500 - 2,000

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: City of Cambridge

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

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

Will tent(s) be erected? Yes (show on map) No

Will food be prepared on the premises? Yes No

Will food trucks be present? (list names on back of form) Yes No



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Will alcohol be served?

Yes

No **XX** not by the event

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

Signature

Rescue Fire Department Approval Denial

Signature

Public Works Department Approval Denial

Signature