



APPLICATION FOR A SPECIAL EVENT PERMIT

Date: September 23, 2019

Date of Application: Sept 12, 2019

Event Title or Type: _____

Location of Event: Long Wharf Park (Communion Sunday)

Date(s) of Event: Oct 6th 2019

Hours of Event (Actual): 12 noon - 1:30

Name of Applicant: James Whitaker Title: Pastor

If representing an organization or company, name(s): Wough Chapel UMC

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: 425 High Street Cambridge MD

Telephone: 302-331-5881 Email: JCWhitaker2015@gmail.com

Expected attendance: 150

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(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

Will alcohol be served? Yes No

ROAD RACE, WALK-A-THON, ETC.



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- 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 <input checked="" type="checkbox"/>	Denial <input type="checkbox"/>	<u>[Signature]</u> Signature
Rescue Fire Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	Signature
Public Works Department	Approval <input checked="" type="checkbox"/>	Denial <input type="checkbox"/>	<u>[Signature]</u> Signature