



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 10/8/19
Day of Dead Halloween Event

Event Title or Type: _____

Location of Event: Alleyway behind Blue Ruin

Date(s) of Event: 11/2/19

Hours of Event (Actual): 3-10pm

Name of Applicant: Paul Dendorfer Title: Head Mixologist

If representing an organization or company, name(s): Blue Ruin

Signature of Applicant: Paul Dendorfer

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

Address of Applicant: 400 Race St, Cambridge, MD 21613

Telephone: 443-736-0218` `` Email: paul@blueruinbar.com

Expected attendance: 100-150

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: Doug Kyle

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

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

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

Will food be prepared on the premises? Yes No

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



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Will alcohol be served?

Yes X

No

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.

X 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.

X 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

Mark K J
Signature

Rescue Fire Department Approval Denial

Signature
Eden C. Webb

Public Works Department Approval Denial