



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 1/27/2020

Event Title or Type: Dorchester Community Wellness Expo

Location of Event: Corner of Race and Cedar Streets across from Bradford House

Date(s) of Event: May 2, 2020 - Saturday

Hours of Event: 9:00 am - 3 pm for set-up & clean-up (Actual Event hour 10-3pm)

Organization/Corp. Name: Dorchester Community Wellness Coalition

Signature of Holder of Event: [Signature] - Chair

Printed Name: Ashyrea Dotson Title: Coalition - Chair

Address of Holder of Event: 824 Fairmount Ave - Ste 4 Cambridge, MD

Business Telephone: 410-221-0795 Residence Telephone: N/A

Is Organization Non-Profit? Yes No Is there a charge for admission? Yes No

Is event to on City, State, or Private Property? No If private, name of owner: _____

You requesting the city to provide trash containers? Yes No

Is water available at event? Yes No - Unknown

If yes, list source of water (i.e. fire hydrant, Great Marsh, Sailwinds, etc.): _____

Will a tent be erected? Yes No (Include on plan)

Expected Attendance: 150 - 200 comm. members Venue Seating Capacity: N/A

Is parking available: Yes No For how many vehicles? _____

Is staging or platform required? Yes No Amplification? Yes No

List types of musical instruments: Sandy Hill Elementary Band

Are required approvals attached, e.g., State, County: Yes No

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

If yes, indicate closure time (consider set up and breakdown time): _____

Will food be prepared on the premises? Yes No

If yes, is County Health Dept. Inspection Approval attached? Yes No

Will alcohol be served? Yes No

If yes, please attach a copy of the county liquor license
If no, please submit a copy after you receive it

ROAD RACE, WALK-A-THON, ETC.

On Roadway Yes No

On Sidewalk Yes No

Will notification be made to residents along the route? 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: N/A

-FOR OFFICE USE ONLY-

City Manager Approved/Denied: _____ Date: _____

Special Conditions, if : _____

Police Detail Estimated Cost: \$ _____ DPW Personnel Estimated Cost: \$ _____

Cambridge Police Department: Approved: Denied: _____ Signature: [Signature]

Rescue Fire Department: Approved: _____ Denied: _____ Signature: _____

Department of Public Works: Approved: Denied: _____ Signature: Calvin Johnson