



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: ~~9/16/2019~~ 6/30/2020

Event Title or Type: Dorchester Relay for Life

Location of Event: Wharf at Governor's Hall

Date(s) of Event: ~~5/15/2020~~ 9/11/2020

Hours of Event (Actual): 5 pm - Midnight

Name of Applicant: Bill Christopher Title: President/CEO

If representing an organization or company, name(s): Dorchester Relay for Life

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, Cambridge, MD 21613

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

Expected attendance: 300

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

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 **XX** Amplification: Yes **XX** No

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

Will trash barrels & pick-up be provided by event holder? Yes No **XX** we would like to use City trash cans

Will portable toilets be provided? Yes (show on map) No **XX** - inside facilities

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

Will food be prepared on the premises? Yes No **XX**

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

Will alcohol be served? Yes No **XX**



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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. *****

We would like to use the wharf at Governor's Hall as park of the walking track for the
Specific Route: Relay for Life event. We have contract with Sailwinds West for the event.

- 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.

XX 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