



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 4/22/21

Event Title or Type: Health on Pine - A^{ADULT} Vaccination Event

Location of Event: Pine St btwn Cedar + Cross Streets

Date(s) of Event: 5/22/21

Hours of Event: 12:00 - 8:00 pm

Organization/Corp. Name: Eastern Shore Network for Change

Signature of Holder of Event: [Signature]

Printed Name: KISHA PETTICOLAS Title: VICE PRESIDENT

Address of Holder of Event: 220 Killarney Rd Cambridge, MD

Business Telephone: 410-908-7506 Residence Telephone: 410-908-7506

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

Is event to on City, State, or Private Property? yes If private, name of owner: City Street + Elks Lodge on Pine
(Vaccination clinic will be in the Elks)

You requesting the city to provide trash containers? Yes No

Is water available at event? Yes No

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

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

Expected Attendance: 400 Venue Seating Capacity: _____

Is parking available? Yes No For how many vehicles? 40

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

List types of musical instruments: drums, guitar, bass

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

Is a street closing being requested (attach map)? Yes No Pine Street from Cedar to Cross Sts.

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. - N/A

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: _____

-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: _____

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

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