



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 4-14-2021

Event Title or Type: Unity Festival

Location of Event: pine st between cross + Bethel st

Date(s) of Event: July 31, 2021

Hours of Event: 12pm - 7pm

Organization/Corp. Name: Illfiggaz Entertainment + Groove City INC.

Signature of Holder of Event: Isaac Adams

Printed Name: Isaac Adams Title: owner

Address of Holder of Event: 508 Hammond st, Salisbury MD 21804

Business Telephone: 443-225-6472 Residence Telephone: cell / 443-366-1953

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

Is event to on City, State, or Private Property? City If private, name of owner: _____

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.): _____

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

Expected Attendance: 500 Venue Seating Capacity: no seating / outside event

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

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

List types of musical instruments: speakers, live DJ, mic,

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): Set up 10am & breakdown 6:45pm

Will food be prepared on the premises? Yes No *Vendors will have their own health dept. inspection approval.*

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: _____

-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: _____