



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: April 22, 2021

Event Title or Type: Memorial Day Service

Location of Event: Long Wharf Park Fountain

Date(s) of Event: Monday, May 31, 2021

Hours of Event: 11 A.M (from 10³⁰ AM to 12³⁰ pm)

Organization/Corp. Name: Cambridge American Legion Post # 91

Signature of Holder of Event: [Signature]

Printed Name: Richard F. Colburn Title: Post Historian

Address of Holder of Event: 601 Radwiner Avenue, Cambridge, Md, 21613

Business Telephone: N/A Residence Telephone: 410-463-9887

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

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

You requesting the city to provide trash containers? Yes No No

Is water available at event? Yes No

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

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

Expected Attendance: 50 Venue Seating Capacity: 100

Is parking available: Yes No For how many vehicles? 50

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

List types of musical instruments: Bugle, patriotic music recordings & canon

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

Corner of High St. &
Water St. [Long Wharf Circle]

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: _____

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

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