



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 06/29/2021

Event Title or Type: 7th Annual Recovery Works Event

Location of Event: 200 Washington St Cambridge MD 21613

Date(s) of Event: Sept. 18, 2021

Hours of Event (Actual): 10AM - 7pm

Name of Applicant: Jamie Schultz Title: DRI-Dock Supervisor

If representing an organization or company, name(s): Dorchester County Health Dept / DRI-DOCK

Signature of Applicant: Jamie Schultz

If application is presented on or behalf of 1 or 2 businesses only, list names of business(es):

DRI-DOCK, Salvation Army

Address of Applicant: 524 Race St. Cambridge MD 21613

Telephone: 410-728-3230 Email: jamie.schultz@maryland.gov

Expected attendance: 50-100

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

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 Amplification: Yes No

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

Will trash barrels & pick-up be provided by event holder? Yes No

Will portable toilets be provided? Yes (show on map) No

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

Will food be prepared on the premises? Yes No

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

Will alcohol be served? Yes No



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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.

Specific Route:

- 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.
- 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: \$ _____

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