



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 9/23/2021

Event Title or Type: 2021 Maryland STEM Program

Location of Event: Cannery Way

Date(s) of Event: 10/8/2021

Hours of Event (Actual): 2 pm - 5:00 pm

Name of Applicant: Bill Christopher Title: President/CEO

If representing an organization or company, name(s): Dorchester Chamber of Commerce

Signature of Applicant: 

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

Address of Applicant: 306 High Street, Cambridge, MD 21613

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

Expected attendance: 30 - 75

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 No **XX**

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

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

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

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 X

On Sidewalk? Yes X No

Will temporary signs be posted? Yes No X

***** Signs must be removed by the following business day; no paint is allowed on streets or sidewalks. *****

We will have 5 - 6 local businesses set up to discuss how Science, Technology, Engineering and Math are key to their businesses. Chesapeake College is our bad

Specific Route: weather back up location.

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: \$ _____

TOTAL COSTS REQUIRED BY CITY COUNCIL: \$ _____

Recommendations:

Cambridge Police Department Approval Denial _____
Signature

Rescue Fire Department Approval Denial _____
Signature

Public Works Department Approval Denial _____
Signature