



Agenda Item No. 03

Date 02-13-2017

APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: January 17, 2017

Event Title or Type: Cambridge Little League Opening Day Parade

Location of Event: Long Wharf Park, High Street, Race Street

Date(s) of Event: April 1, 2017 (RAIN DATE: April 8)

Hours of Event: 8-9:30 a.m. (set-up at 8, parade at 9)

Organization/Corp. Name: Cambridge Little League Baseball and Softball

Signature of Holder of Event: _____

Printed Name: Brandon Hesson Title: President

Address of Holder of Event: 1506 Deep Water Drive, Woolford MD 21677

Business Telephone: 410-221-6074

Residence Telephone: 443-521-9904

Is Organization Non-Profit? Yes No

Is there a charge for admission? Yes No

Is event to on City, State, or Private Property? _____ 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: 300

Venue Seating Capacity: N/A (outdoors)

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

Is staging or platform required? Yes No

Amplification? Yes No

List types of musical instruments: n/a

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): _____

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: _____

-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: 