



Agenda Item No. 5

Date 02-22-2016

APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 11 January 2016

Event Title or Type: Shakespeare's MACBETH

Location of Event: Long Wharf Park

Date(s) of Event: MAY 20 MAY 21

Hours of Event: 6:00 - 10:00 pm

Organization/Corp. Name: Shore Shakespeare Company

Signature of Holder of Event: [Handwritten Signature]

Printed Name: C. L. Rogers Title: Co-Founder

Address of Holder of Event: c/o Mid Shore Community Foundation, 102 E Dover St, Easton MD 21601

Business Telephone: 410-690-3165 Residence Telephone: _____

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

Is event to on City, State, or Private Property? _____ Name of Property Owner: _____

Will Trash Barrels & Pick-up be provided: Yes No If outdoors, will toilet facilities be provided? 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: ± 100 Venue Seating Capacity: NA

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

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

List types of musical instruments: NA

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

Is a street closing being requested (attach map)? Yes

If yes, indicate closure time (consider set up and breakdown time): _____

Will food be prepared on the premises? Yes

If yes, is County Health Dept. Inspection Approval attached? Yes No

Will alcohol be served? Yes

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: 