



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 2/10/17

Event Title or Type: CAS CLASS of 1970 REUNION

Location of Event: GREAT MARSH

Date(s) of Event: JUNE 17, 2017 Hours of Event: NOON UNTIL DUSK / P.A.R.K. CLOSING

Organization/Corp. Name: CAS CLASS of 1970

Signature of Holder of Event: Stephen L. Aaron

Printed Name: STEPHEN L. AARON Title: CLASS PRESIDENT

Address of Holder of Event: 5628 BELLE AIRE RD., EAST NEW MARKET, MD. 21631

Business Telephone: CELL 410-463-0800 Residence Telephone: 410-228-5881

Email Address: N/A

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: _____

Are 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.): GREAT MARSH WATER BOTTLES

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

Expected Attendance: 100 Venue Seating Capacity: 100

Is parking available? Yes No For how many vehicles? 30

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

List types of musical instruments: D.J. MUSIC

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 COVERED DISH FOOD

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

Will alcohol be served? Yes No BYOB PERSONAL USE ALCOHOL ONLY
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 N/A

Will temporary signs be posted? Yes No N/A
(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: [Signature]

Rescue Fire Department: Approved: Denied: Signature: [Signature]

Department of Public Works: Approved: Denied: Signature: George W. Ayer