



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: February 15, 2017

Event Title or Type: Cambridge Rotary Oyster Roast

Location of Event: Long Wharf Park Memorial Fountain

Date(s) of Event: March 25, 2017 Hours of Event: Noon - 4:00 PM

Organization/Corp. Name: Cambridge Rotary Community Service Foundation

Signature of Holder of Event: _____

Printed Name: Jeff Hubbard Title: President

Address of Holder of Event: 102 High Street, Cambridge, MD 21613

Business Telephone: 410-228-0818 Residence Telephone: 410-228-4532

Email Address: jeffhub@comcast.net

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

Is water available at event? No

If yes, list source of water (i.e. fire hydrant, Great Marsh, Sailwinds, etc.): Fountain

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

Expected Attendance: 250 Venue Seating Capacity: N/A

Is parking available: No For how many vehicles? 80

Is staging or platform required? Yes No Amplification? No

List types of musical instruments: Electric Guitars, Drums & Singer (Bird Dog & The Road Kings)

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): 11:00 AM - 4:45 PM

Will food be prepared on the premises? Yes No

If yes, is County Health Dept. Inspection Approval attached? Yes No (In progress)

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: [Signature]

Department of Public Works: Approved: Denied: ____ Signature: [Signature]

