



Agenda Item 5
April 10, 2017

APPLICATION FOR A SPECIAL EVENT

LICENSE

Date of Application: March 27, 2017

Event Title or Type: Family Movie Night

Location of Event: Sailwinds Park Amphitheater

Date(s) of Event: Friday, May 5 2017 Hours of Event: 8-10 p.m.

Organization/Corp. Name: City of Cambridge

Signature of Holder of Event: _____

Printed Name: Brandon Hesson Title: Associate Director, Economic Development

Address of Holder of Event: 410 Academy Street, Cambridge MD 21613

Business Telephone: 410-221-6074 Residence Telephone: _____

Email Address: bhesson@choosecambridge.com

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

Is event on City, State, or Private Property? County _____ If private, name of owner: _____

Are you requesting the city to provide trash containers? Yes No

Is water available at event? Yes Yes No

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

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

Expected Attendance: 300-400 Venue Seating Capacity: 400+

Is parking available: Yes No For how many vehicles? 200

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

List types of musical instruments: None, There will be amplified movie sound

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: 

