

APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application:

Event Title or Type: Rockin' the Choptank (Friday Concert Component)Location of Event: Sailwinds Park - AmphitheatreDate(s) of Event: May 27th 2016Hours of Event: 6pm - 9pmOrganization/Corp. Name: Dorchester County Tourism Department

Signature of Holder of Event:

Printed Name: Amanda Fenstermaker Title: DirectorAddress of Holder of Event: 2 Rose Hill Place, Cambridge MD 21613Business Telephone: 410-228-1000 x 1205 Residence Telephone: 443-477-0292Is Organization Non-Profit? **Yes** No Is there a charge for admission? **Yes** NoIs event to on City, State, or Private Property? Yes Name of Property Owner:
Dor. CountyWill Trash Barrels & Pick-up be provided: **Yes** NoIf outdoors, will toilet facilities be provided? **Yes** NoIs water available at event? **Yes** No

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

Sailwinds & Water Bottles for saleWill a tent be erected? **Yes** No (Include on plan)Expected Attendance: unknown - 200 Venue Seating Capacity: 600?Is parking available: **Yes** No For how many vehicles? 100 (Sailwinds visitor Center & three rows at Hospital parking lot, overflow parking possible through Governor's Hall @ 600+)Is staging or platform required? **Yes** NoAmplification? **Yes** No List types of musical instruments: Guitar, bass, drumsAre required approvals attached, e.g., State, County: **Yes** No**Permission for use of Sailwinds Amphitheatre has been granted by
Dorchester County Council**

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 **(by Food Vendor)**

If yes, is County Health Dept. Inspection Approval attached? Yes No **(Food Vendor Responsibility)**

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 - **will provide at later date**

~~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:

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: \$ 270 

Rescue Fire Department: Approved: Denied: Signature: _____

Department of Public Works: Approved: Denied: Signature: Cheryl Whelan \$ 200.00

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