



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 4/21/17

Event Title or Type: Praise Festival 2017

Location of Event: Corner of Cedar & Race Street
Saturday

Date(s) of Event: June 10, 2017 Hours of Event: 11am - 4:00pm

Organization/Corp. Name: Kingdom Family Worship Center

Signature of Holder of Event: Calvin Garrison

Printed Name: Calvin Garrison Title: Event Planner

Address of Holder of Event: 508 Bay Street Unit #1 Berlin, MD 21811

Business Telephone: 443-493-0138 Residence Telephone: _____

Email Address: calvingarrison8@gmail.com

Is Organization Non-Profit? Yes No Is there a charge for admission? Yes 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.): _____

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

Expected Attendance: 150 Venue Seating Capacity: _____

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

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

List types of musical instruments: Keyboard, drums, mics

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 Vendors will contact Health Dept.

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: \$ -0- 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: [Signature]