



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: April 21, 2017

Event Title or Type: May Festival Fundraiser - MLHS Scholarship (Alumni)
Missionary Trip for Under Privilage children

Location of Event: Corner of Cedar + Race St

Date(s) of Event: May 27, 2017 Hours of Event: 12 PM - 6 PM

Organization/Corp. Name: Mike Dot Travel

Signature of Holder of Event: Michael Bryan - Dorothy Bryan

Printed Name: Michael Bryan - Dorothy Bryan Title: CEO

Address of Holder of Event: 6 Choptank Ct Camb Md 21613

Business Telephone: 443-225-8352 Residence Telephone: 410-228-0578

Email Address: NYCSFze2@yahoo.com

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

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

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

Is water available at event? Yes No Bottled Water

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: 100 Venue Seating Capacity: _____

Is parking available: Yes No For how many vehicles? Geared to Walkers

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

List types of musical instruments: CD Players

Are required approvals attached, e.g., State, County: Yes No

Is a street closing being requested (attach map)? Yes No Geared to Walkers

If yes, indicate closure time (consider set up and breakdown time): _____

Will food be prepared on the premises? Yes No Grilled Food

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 Putting up Posters

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: [Signature]

Rescue Fire Department: Approved: _____ Denied: _____ Signature: _____

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