



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: May 6, 2016

Event Title or Type: Calligraphy Demonstration

Location of Event: 317 High St Cambridge MD, 21613

Date(s) of Event: Saturday June 11, 2016

Hours of Event: 11:00 AM to 5:30 PM

Organization/Corp. Name: Alpha Genesis Community Development Corporation

Signature of Holder of Event: Ladda G Walker

Printed Name: LADDA WALKER Title: V.P

Address of Holder of Event: P.O. Box 1335 Cambridge MD, 21613

Business Telephone: 443-477-6442 Residence Telephone: _____

Is Organization Non-Profit? Yes No

Is there a charge for admission? Yes No

Is event to on City, State, or Private Property? City Name of Property Owner: _____

Will Trash Barrels & Pick-up be provided: Yes No If outdoors, will toilet facilities be provided? 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: 100

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

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

List types of musical instruments: Pipa four stringed lute with 30 fret and pear shaped body

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): 5:30 pm

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: 