

Agenda Item No. 11

Date 06-13-2016



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: June 3, 2016

Event Title or Type: Community Outing

Location of Event: School House Ln. & Chesepecke CT.

Date(s) of Event: July 30, 2016; rain date August 1, 2016

Hours of Event: July 30th @ 12n-2pm; Aug. 1st @ 4:30pm-6:30pm

Organization/Corp. Name: Bethel A.M.E. Church

Signature of Holder of Event: Randolph Fitchett

Printed Name: Randolph Fitchett Title: Pastor

Address of Holder of Event: 625 Pine Street

Business Telephone: 410-228-8725 Residence Telephone: 410-634-8238

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

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

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.): Bar 23

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

Expected Attendance: 70-80 Venue Seating Capacity: N/A

Is parking available: [Yes] No For how many vehicles? 20

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

List types of musical instruments: CD Player

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

Is a street closing being requested (attach map)? Yes No Chesapeake Court

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: 