Agenda Item No. 12

Date 06-13-2016

CAMBRIDGE
MARYLAND

APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: June 8, 2016

Event Title or Type: Band Concert at Sailwinds Park (Governors Hall)

Location of Event: Outside stage at Governors Hall

Date(s) of Event: Monday, July 4, 2016

Hours of Event: 7:00 pm until 8:00 pm

Organization/Corp. Name: Mid-Shore Community Band

Signature of Holder of Event: e-mail

Printed Name: Jay Harford Title: _____

Address of Holder of Event: _____

Business Telephone: 410-476-5961 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? 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.): Sailwinds

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

Expected Attendance: _____ 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: Request for a Variance from the Noise Ordinance

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

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 : _____

_____

st: $_____ DPW Personnel Estimated Cost: $_____

Approved.

Thanks,
Dan

ent: Approved: ____ Denied: ____ Signature: _____

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

Department of Public Works: Approved: ✓ Denied: ____ Signature: _____