



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 6/24/16

Event Title or Type: DK Lewis's Fire Artist Demonstration & Talk

Location of Event: Cannery Way

Date(s) of Event: July 22, 2016

Hours of Event: 5-8 pm

Organization/Corp. Name: Harriet Tubman Organization

Signature of Holder of Event: William A. Jarmon

Printed Name: William A. Jarmon Title: \_\_\_\_\_

Address of Holder of Event: 517 Pine St. / 424 Race St.

Business Telephone: 410-225-1240 Residence Telephone: \_\_\_\_\_

Is Organization Non-Profit?  Yes  No Is there a charge for admission? Yes  No  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: 50 Venue Seating Capacity: 100+

Is parking available:  Yes  No For how many vehicles? City Parking off Academy

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

List types of musical instruments: NO MUSIC / LECTURE

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 : \_\_\_\_\_  
\_\_\_\_\_

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]