

Agenda Item No. 4
Date 07-25-2016



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: February 15, 2016

Event Title or Type: Crabtoberfest

Location of Event: 400 Block of Race Street

Date(s) of Event: September 24, 2016

Hours of Event: 4-10 p.m.

Organization/Corp. Name: Durren-Dorchester County German Partnership

Signature of Holder of Event: _____

Printed Name: _____ Title: _____

Address of Holder of Event: _____

Business Telephone: _____ 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 and Private 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.): Individual

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

Expected Attendance: 600 Venue Seating Capacity: ? (outdoors)

Is parking available: Yes No For how many vehicles? 100+ (municipal parking)

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

List types of musical instruments: Standard band instruments and voice

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

I believe we only need the city's approval here.

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

If yes, indicate closure time (consider set up and breakdown time): 2-11 p.m.

Will food be prepared on the premises? Yes No

If yes, is County Health Dept. Inspection Approval attached? Yes No *Not until closure is approved.*

Will alcohol be served? Yes No

If yes, please attach a copy of the county liquor license **Liquor license requires location and times. Will provide after this approval.**
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: _____

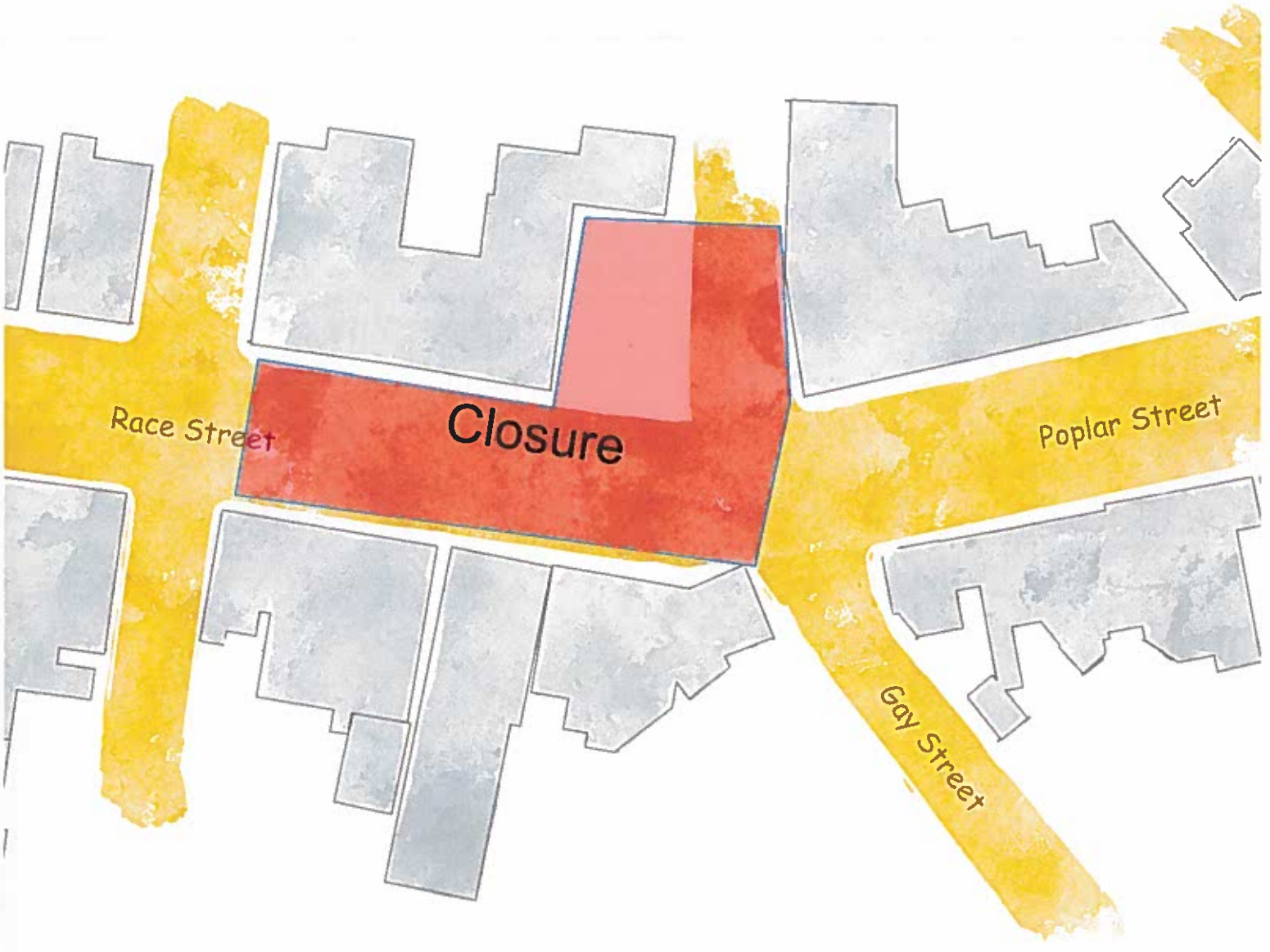
Special Conditions, if : _____

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: 



Race Street

Closure

Poplar Street

Gay Street