



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 7/25/2016

Event Title or Type: City of Cambridge Fall Health and Fitness Fair

Location of Event: Main St Area, Race St between Main St. / Poplar St.

Date(s) of Event: Saturday October 22, 2016

Hours of Event: 1pm - 5pm

Organization/Corp. Name: EASTERN SHORE AREA HEALTH CENTER  
CYNDI SLACUM, HEALTH CAREERS COORDINATOR

Signature of Holder of Event: Cyndi Slacum SPONSOR: CAMBRIDGE MAIN STREET

Printed Name: CYNDI SLACUM, Health Careers Coord. Title: HEALTH CAREERS COORD.

Address of Holder of Event: 814 CHESAPEAKE DRIVE

Business Telephone: 410 221 2600 x112 Residence Telephone: 410 463 0457

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: \_\_\_\_\_

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.): fire hydrant

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

Expected Attendance: 200+ 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: \_\_\_\_\_

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): 12pm - 5pm

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.)

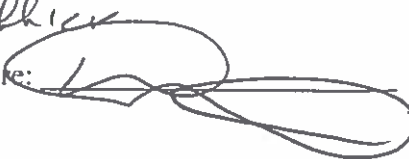
SPECIFIC ROUTE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**-FOR OFFICE USE ONLY-**

City Manager Approved/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Special Conditions, if: \_\_\_\_\_  
\_\_\_\_\_

Police Detail Estimated Cost: \$ 270.<sup>00</sup> DPW Personnel Estimated Cost: \$ \_\_\_\_\_

Cambridge Police Department: *Based upon living officer*  
Approved:  Denied:  Signature: 

Rescue Fire Department: Approved:  Denied:  Signature: \_\_\_\_\_

Department of Public Works: Approved:  Denied:  Signature: Eden C. Whelan