



Agenda Item No. 03

Date 08-22-2016

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 N 1st St / Poplar St.

Date(s) of Event: Saturday October 15, 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, Market Bridge, MD 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

