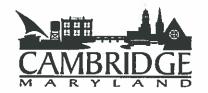
Date 08-22-2016



## APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 8/8/16
Event Title or Type: Appleciation Day BBQ
Location of Event: Cosby Ave PARK
Date(s) of Event: Sept 3, 2016
Hours of Event: 11:30 A - 4pm
Organization/Corp. Name: W Cosby Cutz
Signature of Holder of Event:
Printed Name: Alvin Hotton JR Title: Owner
Address of Holder of Event: 1028 Cosby Ave
Business Telephone: 410-221-2889 Residence Telephone: \$443-852-7904 (Ceu
Is Organization Non-Profit? Yes No Is there a charge for admission? Yes No
Is event to on City, State, or Private Property? 100 Name of Property Owner: City of Cambridge
Will Trash Barrels & Pick-up be provided: Ves No If outdoors, will toilet facilities be provided? Yes No
Is water available at event? Ces No Author Water
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) 10'x 12'
Expected Attendance: 30-40 Venue Seating Capacity: NA
Is parking available: Yes No For how many vehicles? 30 - 50
Is staging or platform required? Yes N
List types of musical instruments: NF
Are required approvals attached, e.g., State, County: Yes

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
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:
A N
-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: V Denied: Signature: Colubbil



STATE OF MARYLAND

## DHMH

Maryland Department of Health and Mental Hygiene

## TEMPORARY FOOD EVENT PERMIT

VALID FOR DATE OF ONE EVENT ONLY

Issued to: Alvin Hutton, Jr.

Trading as: Cosby Cutz

Name of Event: Cosby Appreciation Day

Location of event: 1028 Cosby Ave., Cambridge, MD

INCLUDING ALL APPLICABLE RULES AND REGULATIONS PROMULGATED THEREUNDER. GENERAL ARTICLE § 21-305 AND IS SUBJECT TO ANY AND ALL STATUTORY PROVISIONS THIS LICENSE IS GRANTED PURSUANT TO THE ANNOTATED CODE OF MARYLAND, HEALTH-

## DORCHESTER COUNTY

Regard Introduction Letts

I.D. No.

T5442

**Date of Event** 

Saturday, September 3, 2016

(Not transferable except as expressly provided by Rule or Regulation)