



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 8/8/16

Event Title or Type: Appreciation Day BBQ

Location of Event: Cosby Ave PARK

Date(s) of Event: Sept 3, 2016

Hours of Event: 11:30A - 4pm

Organization/Corp. Name: ~~AK~~ Cosby cutz

Signature of Holder of Event: AL Hutton

Printed Name: Alvin Hutton Jr Title: Owner

Address of Holder of Event: 1028 Cosby Ave

Business Telephone: 410-221-2889 Residence Telephone: 443-852-7904 (cell)

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: City of Cambridge

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 Available via 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: N/A

Is parking available? Yes No For how many vehicles? 30-50

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

List types of musical instruments: N/A

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: _____
_____ N/A _____

-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: _____

POST IN CONSPICUOUS PLACE



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

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

DORCHESTER COUNTY

Margaret A. Hutton
LEHS
Licensed Environmental Health Specialist

I.D. No. 15442

Date of Event Saturday, September 3, 2016

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