



Agenda Item No. 08

Date 09-12-2016

APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 8/30/16

Event Title or Type: Christian Concert "Awaken"

Location of Event: Sailwinds Governor's Hall

Date(s) of Event: October 23, 2016

Hours of Event: 1pm - 10pm

Organization/Corp. Name: Katie Mae's Country Shoppe / Tenth Time Down 2016 Tour

Signature of Holder of Event: Katie Mae Smith

Printed Name: Katie Mae Smith Title: owner

Address of Holder of Event: 5116 Poplar St Cambridge MD 21613

Business Telephone: 443-477-6413 Residence Telephone: 443-521-4951

Is Organization Non-Profit? Yes No Is there a charge for admission? Yes No

Is event to on City, State, or Private Property? yes If private, name of owner: N/A

You requesting the city to provide trash containers? Yes No

Is water available at event? Yes No

If yes, list source of water (i.e. fire hydrant, Great Marsh, Sailwinds, etc.): Sailwinds

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

Expected Attendance: 2000-3000 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: I have a fiddle - Band provides equipment

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): N/A

Will food be prepared on the premises? Yes No Depends on decision about leaving kitchen equipment

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: \$ 900. DPW Personnel Estimated Cost: \$ 250.00

Cambridge Police Department: Approved: Denied: Signature: [Signature]

Rescue Fire Department: Approved: Denied: Signature: _____

Department of Public Works: Approved: Denied: Signature: [Signature]