



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: November 7, 2016

Event Title or Type: Family Reunion

Location of Event: Great Marsh Park, Cambridge, Maryland

Date(s) of Event: July 15, 2017 Hours of Event: 11am - 6pm

Organization/Corp. Name: Molock Family Reunion

Signature of Holder of Event: Tina Murry

Printed Name: Tina Murry Title: Chairperson

Address of Holder of Event: 401 Eagles Nest Way Cambridge MD 21613

Business Telephone: 410 765 4722 Residence Telephone: 443 854 9001

Email Address: tmvines@yahoo.com

Is Organization Non-Profit? Yes  No

Is there a charge for admission? Yes  No

Is event to on City, State, or Private Property? City If private, name of owner: -

Are 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.): Great Marsh

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

Expected Attendance: 150 approx. Venue Seating Capacity: \_\_\_\_\_

Is parking available:  No  For how many vehicles? \_\_\_\_\_

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

List types of musical instruments: None

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: Not Applicable  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**-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: 