



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 12/1/16

Event Title or Type: Food Pantry Distribution

Location of Event: Carver's Hall Parking Lot

Date(s) of Event: Second Saturday of the month

Hours of Event: 8am to 11:00 am

Organization/Corp. Name: ST. PAUL'S UNITED METHODIST Church

Signature of Holder of Event: Marybeth Daniels

Printed Name: Marybeth Daniels Title: Coordinator

Address of Holder of Event: 205 MARYLAND, CAMBRIDGE, MD 21613

Business Telephone: 410-228-1424 Residence Telephone: _____

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

Is event to on City, State, or Private Property? City 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 N/A

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

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

Expected Attendance: ? Venue Seating Capacity: N/A

Is parking available: Yes No For how many vehicles? ?

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: _____

-FOR OFFICE USE ONLY-

City Manager Approved/Denied: _____ Date: _____

Special Conditions, if : _____

Police Detail Estimated Cost: \$ 0 DPW Personnel Estimated Cost: \$ 0

Cambridge Police Department: Approved: Denied: Signature: 

Rescue Fire Department: Approved: Denied: Signature: _____

Department of Public Works: Approved: Denied: Signature: 