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APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 1/15/2019

Event Title or Type: Boat Docking Competition

Location of Event: Long Wharf

Date(s) of Event: June 2, 2019

Hours of Event: 11 am till 4 pm

Organization/Corp. Name: Dorchester Chamber of Commerce

Signature of Holder of Event: _____

Printed Name: William Christopher Title: President/CEO

Address of Holder of Event: 528 Poplar Street

Business Telephone: 410-228-3575 Residence Telephone: 443-280-0185

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: _____

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.): hose bibs

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

Expected Attendance: 900 Venue Seating Capacity: >2000

Is parking available: Yes No For how many vehicles? 400

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

List types of musical instruments: PA System and small band

Are required approvals attached, e.g., State, County: Yes No

Is a street closing being requested (attach map)? Yes No (do want to close Long Wharf Parking Lot from 9 am – 5 pm)

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: \$ _____ DPW Personnel Estimated Cost: \$ 400.00

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

Rescue Fire Department: Approved: Denied: _____ Signature: [Signature]

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