



APPLICATION FOR A SPECIAL EVENT PERMIT

*NOTE: Paston Walls will come before Council 8 Jul 19

Agenda Item #3 Date: July 8, 2019

Date of Application: 7/1/19

Event Title or Type: Crusade of worship

Location of Event: TBD

Date(s) of Event: TBD

Hours of Event (Actual):

Name of Applicant: Paston Milton Walls Title:

If representing an organization or company, name(s):

Signature of Applicant:

If application is presented on or behalf of 1 or 2 businesses only, list names of business(es):

Address of Applicant:

Telephone: Email:

Expected attendance:

Is a street closing being requested? Yes [] (show on map) No []

If yes, what street(s)

If yes, indicate street closure & reopen times (include set up and breakdown time):

Is staging or a platform required? Yes [] (show on map) No [] Amplification: Yes [] No []

If event is on private property, name of Property Owner:

Will trash barrels & pick-up be provided by event holder? Yes [] No []

Will portable toilets be provided? Yes [] (show on map) No []

Will tent(s) be erected? Yes [] (show on map) No []

Will food be prepared on the premises? Yes [] No []

Will food trucks be present? (list names on back of form) Yes [] No []

Will alcohol be served? Yes [] No []



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ROAD RACE, WALK-A-THON, ETC.

On Roadway? Yes No

On Sidewalk? 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:

- I attached a map showing locations of street closures, vehicles and temporary structures.
- For new events, I have attached documentation of notification of the application to all affected businesses and residents, and attest that a majority have supported and/or not objected to this event.
- I have read & agree to the City's Street Closures Policy.

FOR OFFICE USE ONLY

Conditions of Special Event Permission: _____

Police Costs: \$ _____ DPW Costs: \$ _____ Other Costs: \$ _____

TOTAL COSTS REQUIRED BY CITY COUNCIL: \$ _____

Recommendations:

Cambridge Police Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Rescue Fire Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature
Public Works Department	Approval <input type="checkbox"/>	Denial <input type="checkbox"/>	_____
			Signature