



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: August 5, 2019
 Event Title or Type: MLMS Block Party / Open house
 Location of Event: Cosby St. / Greenwood
 Date(s) of Event: August 28, 2019
 Hours of Event (Actual): 5-7 p.m.
 Name of Applicant: Jymil Thompson Title: Principal
 If representing an organization or company, name(s): Dorchester County Public Schools
 Signature of Applicant: Jymil Thompson
 If application is presented on or behalf of 1 or 2 businesses only, list names of business(es):

Address of Applicant: 1101 Macer Lane
 Telephone: 301-332-1279 Email: thompsonj@dcpssmd.org
 Expected attendance: 500

Is a street closing being requested? Yes (show on map) No
 If yes, what street(s) Cosby St.
 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



APPLICATION FOR A SPECIAL EVENT PERMIT

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 Denial _____
Signature

Rescue Fire Department Approval Denial _____
Signature

Public Works Department Approval Denial _____
Signature

[Handwritten Signature]

Signature
[Handwritten Signature]

Signature