



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 1/9/2020

Event Title or Type: 3rd Annual Harvesting Hope's Youth Expo

Location of Event: Hang Banner across Race Street

Date(s) of Event: January 27, 2020 – February 7, 2020

Hours of Event: n/a

Organization/Corp. Name: Harvesting Hope & Family Services

Signature of Holder of Event: *William Christopher*

Printed Name: William Christopher Title: Committee Member

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.): _____

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

Expected Attendance: N/A Venue Seating Capacity: N/A

Is parking available: Yes No For how many vehicles? N/A

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

List types of musical instruments: _____

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 – 6 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: \$ _____

Cambridge Police Department: Approved: ____ Denied: ____ Signature: _____

Rescue Fire Department: Approved: ____ Denied: ____ Signature: _____

Department of Public Works: Approved: ____ Denied: ____ Signature: _____