

**APPLICATION FOR A SPECIAL EVENT LICENSE**

Date of Application: February 25, 2020

Event Title or Type: Chesapeake College Field Day

Location of Event: Municipal Parking lot behind Chesapeake College Cambridge Center

Date(s) of Event: Wednesday, May 6, 2010

Hours of Event: 4-6 p.m.

Organization/Corp. Name: Chesapeake College

Signature of Holder of Event: 

Printed Name: Brandon Hesson Title: Director, Chesapeake College Cambridge Center

Address of Holder of Event: 418 Race Street, Cambridge Maryland 21613

Business Telephone: 410-228-4360 Residence Telephone: 443-521-9904

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: N/A

You requesting the city to provide trash containers? No

Is water available at event? Yes

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

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

Expected Attendance: 50 Venue Seating Capacity: Outdoor parking lot

Is parking available: Yes For how many vehicles? 50+

Is staging or platform required? Yes Amplification? Yes

List types of musical instruments: Recorded Music

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

Is a street closing being requested (attach map)? Yes, use of parking lot and spaces

If yes, indicate closure time (consider set up and breakdown time): 3 p.m.-7 p.m.

Will food be prepared on the premises? No

If yes, is County Health Dept. Inspection Approval attached? Yes No

Will alcohol be served? 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:

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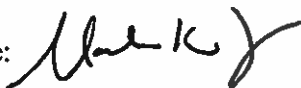
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