



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: April 30, 2020

Event Title or Type: ADA Fair

Location of Event: Corner of Race Street and Cedar Street

Date(s) of Event: October 10, 2020

Hours of Event (Actual): 12pm to 4pm

Name of Applicant: ADA Committee (c-o. Herve Hamon) Title: Planner I, City Advisor

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

Signature of Applicant: Herve O. Hamon

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

Address of Applicant: 1025 Washington Street Cambridge MD 21613

Telephone: 410-228-1955 Email: hhamon@choosecambridge.com

Expected attendance: 10 to 15 Vendors - 200 people / visitors

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: City property

Will trash barrels & pick-up be provided by event holder? Yes (city / DPW) No

Will portable toilets be provided? Yes No

Will tent(s) be erected? Yes 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:

N / A

- 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

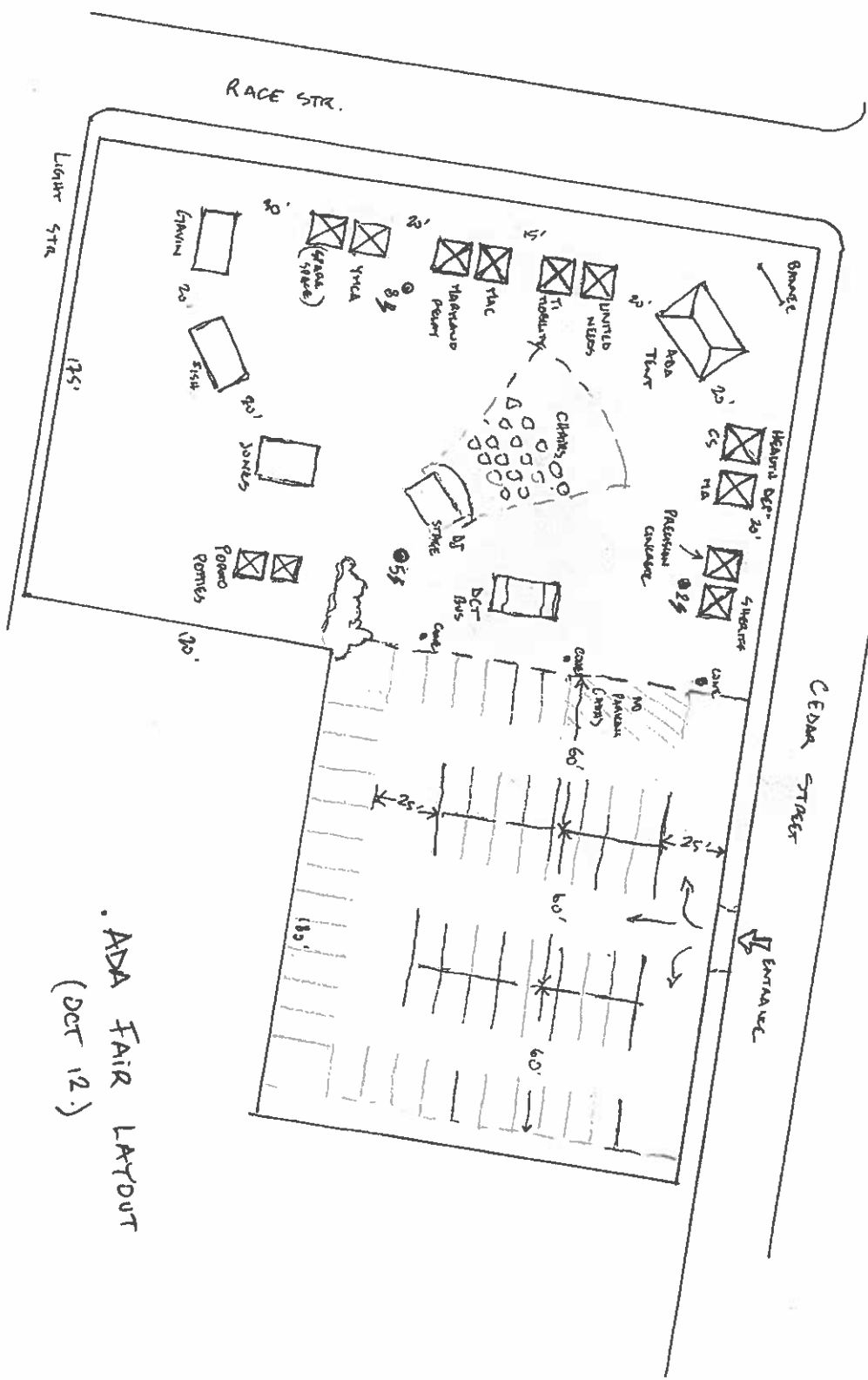
Conditions of Special Event Permission: _____

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



. ADA FAIR LAYOUT
(DCT 12.)

