



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: JUNE 23, 2021

Event Title or Type: GROOVE CITY CULTURE FEST

Location of Event: CORNISH PARK

Date(s) of Event: AUGUST 22, 2021

Hours of Event: 3P - 9P

Organization/Corp. Name: GROOVE CITY BLACK HERITAGE CULTURE GROUP

Signature of Holder of Event: SHEILA JONES

Printed Name: SHEILA JONES Title: BOARD TREASURER

Address of Holder of Event: 2512 WESTWIND BLVD, CAMBRIDGE MD 21613

Business Telephone: 443 205 3672 Residence Telephone: 443-521-1016

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

Is water available at event? Yes No

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

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

Expected Attendance: 100 Venue Seating Capacity: N/A

Is parking available: Yes No For how many vehicles? _____

Is staging or platform required? NO Amplification? Yes

List types of musical instruments: DJs

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

Is a street closing being requested (attach map)? No

If yes, indicate closure time (consider set up and breakdown time): _____

Will food be prepared on the premises? Yes

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

Will alcohol be served? No Yes

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: _____