



APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 8/24/2021Event Title or Type: Grade Level Reading Program Kick-offLocation of Event: Cannery WayDate(s) of Event: 10/20/2021Hours of Event (Actual): 5 pm - 7:30 pmName of Applicant: Bill Christopher Title: President/CEOIf representing an organization or company, name(s): Dorchester Chamber of CommerceSignature of Applicant: If application is presented on or behalf of 1 or 2 businesses only, list names of business(es):
_____Address of Applicant: 306 High Street, Cambridge, MD 21613Telephone: 410-228-3575 Email: bill@dorchesterchamber.orgExpected attendance: 50 - 100Is a street closing being requested? Yes (show on map) No **XX**

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 **XX** Amplification: Yes No **XX**

If event is on private property, name of Property Owner: _____

Will trash barrels & pick-up be provided by event holder? Yes No **XX**Will portable toilets be provided? Yes (show on map) No **XX**Will tent(s) be erected? Yes (show on map) No **XX**Will food be prepared on the premises? Yes No **XX**Will food trucks be present? (list names on back of form) Yes No **XX**Will alcohol be served? Yes No **XX**



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ROAD RACE, WALK-A-THON, ETC.

On Roadway? Yes No X

On Sidewalk? Yes X No

Will temporary signs be posted? Yes No X

*****Signs must be removed by the following business day; no paint is allowed on streets or sidewalks.*****

We will have 5 - 6 local businesses set up to discuss how Science, Technology, Engineering and Math are key to their businesses. Chesapeake College is our bad

Specific Route: weather back up location.

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.

XX 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