



# APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: 2/9/2022

Event Title or Type: Young Professionals of Dorchester County

Location of Event: Alley behind Blue Ruin and a portion of City Parking lot at the end of the Alley. See attached map.  
Fund Raiser benefiting Baywater Animal Rescue

Date(s) of Event: 3/12/2022

Hours of Event (Actual): 4 pm - 8 pm

Name of Applicant: Bill Christopher Title: President/CEO

If representing an organization or company, name(s): Dorchester Chamber of Commerce

Signature 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 21613

Telephone: 410-228-3575 Email: bill@dorchesterchamber.org

Expected attendance: 200-300

Is 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 **XX** No   

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 **XX** (show on map) No   

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 **XX** 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.\*\*\***

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.

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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: \_\_\_\_\_

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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



Area shaded in Blue is for the event.