



# APPLICATION FOR A SPECIAL EVENT PERMIT

Date of Application: \_\_\_\_\_

Event Title or Type: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Event (Actual): \_\_\_\_\_ Rain Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Expected attendance: \_\_\_\_\_

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: \_\_\_\_\_

Will trash barrels be needed by the City? Yes  No

Will police officers be needed during the entire event? Yes  No

Will portable toilets be provided? Yes  (show on map) No

Will Tent be erected? Yes  (show on map) No



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Will food be prepared on the premises? Yes  No

Will alcohol be served? Yes  No

**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:

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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.

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

Return to: Special Events  
410 Academy Street  
Cambridge, Maryland 21613

Or

Email a scanned copy to: Tyasia Johnson  
tjohnson@choosecambridge.com