



SPECIAL EVENT APPLICATION

Submittal of this application does not guarantee approval of the event.

Please be sure to fill out this application in its entirety. Any applications not completed will be denied automatically. Before applying, please acknowledge that addendum will be utilized in instances where additional liability on behalf of the permittee may occur. Please make sure to include a detailed site plan which clearly shows all temporary structures including but not limited to tents, portable toilets, stages, bleachers, dumpsters, fencing, inflatables, etc. with application at the time of submission. If you are applying on behalf of a nonprofit, please provide proof of organization's nonprofit designation.

EVENT INFORMATION

Name of Event: _____

Type of Event: _____

Event Date(s): _____ Event Time: _____

Event Day 2: _____ Event Time: _____

Event Day 3: _____ Event Time: _____

Event Location: _____

Alternate Date, Time and Location: _____

Will additional time be needed for set up/break down? *(please check)* YES NO

Set up will begin on (date): _____ at (time): _____

Break down will begin on (date): _____ at (time): _____

Please provide a detailed description of your proposed event *(be specific)*: _____

Is this event open to the public? *(please check)* YES NO

Estimated attendance*: _____

Estimated number of teams participating? *(athletic tournament only)* _____

**Fees may be assessed during post event inspection if actual attendance exceeds above estimate.*

ORGANIZATION INFORMATION

Organization producing the event: *(please check)*

For Profit Nonprofit Governmental Neighborhood Association

Other: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Onsite Contact Name: _____

Onsite Contact Best Phone: _____

Onsite Contact Email: _____

Phone number and/or website you want the public to contact for more information and to be listed on the Community Events website:

Number of years this event has taken place in Calvert County: _____

Is this event produced in other areas? *(please check)* YES NO

If so, where? _____

COST & FUNDING

Ticket Prices *(if applicable)*: _____

Adults _____ Children _____ Seniors _____

How will ticket sale revenue be used?

If the proceeds of the event are intended for an organization other than the applicant, please provide the following information:

Benefit Organization: _____

% of funds which will be donated: _____

Contact Person: _____

Contact Phone: _____

Terms of the agreement: _____

ROAD CLOSURE

Will your event require road closures? *(please check)* YES NO

If yes, please describe the roads that would be closed and provide the opening/closing dates and times. Also, please attach map detailing closures and cross streets.

Name of streets: _____

Date/Time of Closure: _____

Date/Time of Opening: _____

PARKING

Will you need any parking lots reserved for non-public use? *(please check)* YES NO

Will you be using areas for off-site parking? *(please check)* YES NO

TRAFFIC CONTROL

Will your event require traffic control? *(please check)* YES NO

ALCOHOL

Will alcohol be served at your event? *(please check)* YES NO

FOOD

Will food be served at your event? *(please check)* YES NO

If yes, will food be self-prepared? *(please check)* YES NO

INFLATABLE ATTRACTIONS:

(Please make sure to include on site map)

Will inflatable attractions (bounce houses, slides, games) be part of this event? *(please check)* YES NO

If yes, who will staff the attractions? Vendor Event Staff

AMPLIFIED SOUND:

Will amplified sound be used at your event? *(please check)* YES NO

If yes, what will be amplified (music, speeches, etc.)? *(please check)* YES NO

If yes, what time(s) will sound be amplified? _____

If yes, what sound company will provide sound? _____

AUDIO/VISUAL EQUIPMENT:

Please list any A/V equipment to be used at your event:

FENCING

(Please make sure to include on site map)

Will you be using temporary fencing for your event? *(please check)* YES NO

If yes, what company will provide fencing? _____

REFUSE AND RECYCLING

(Please make sure to include on site map)

Will you need refuse containers (dumpsters) for your event? *(please check)* YES NO

If yes, how many will be used? _____

If yes, what company will provide refuse and recycling services? _____

RESTROOMS

(Please make sure to include on site map)

Will your event require temporary restrooms? *(please check)* YES NO If yes, how many? _____

If yes, what company will provide restroom services? _____

CLEAN-UP:

Will you use a cleaning company for event clean-up? *(please check)* YES NO

If yes, what company will provide cleaning service? _____

ELECTRICITY:

Will you be using temporary electric (generator) at your event? *(please check)* YES NO

If yes, what company will provide electric service? _____

TENTS

(Please make sure to include on site map)

Will you be using tents, stages, ticket booths, etc. at the event? *(please check)* YES NO

If yes, will tents be larger than 150 square feet (larger tents require permit)? *(please check)* YES NO

If yes, please indicate the number and size of tents and describe how tents will be used:

If yes for larger tents, what company will be providing tents? _____

PROMOTING/ADVERTISING:

What type of promotion/advertising do you have planned for your event?

Please return completed application with supporting documents and application fee to the Calvert County Department of Parks & Recreation, Attn: Events & Marketing Coordinator. Email: events@calvertcountymd.gov Mail: 175 Main Street, Prince Frederick, MD 20678.

Applicant agrees that the contents of the application are complete, true and accurate to the best of their knowledge, information and belief, and agrees to ensure compliance with the Special Event Policies, guidelines and procedures, and Special Event Handbook and Application.

Signature of Applicant

Date

