To ensure time for the Mayor and Council to evaluate your application, this form must be submitted 60 days in advance of your requested event.

City of Havre de Grace

SPECIAL EVENTS & ACTIVITIES APPLICATION

This form is Only a Request for Events to take place on City Property, or events that require City services. The City reserves the right to deny permission to hold an event upon its sole discretion. The City provides no exclusive use of Public Domain.

When form is completed, please submit to:
Havre de Grace City Hall Attn: Shyla Glassman
711 Pennington Avenue, Havre de Grace, MD 21078
shylas@havredegracemd.com
Ph. 410-939-1800 Fax: 410-939-5920

Title of Event: Blessing By The Bay *Date of Event:* 9/9/18 *Event Start Time:* 3 PM */Event End Time:* 5 PM

Set-up Date and Time: 9/9/18 / 2 PM *Take-Down Date and Time:* 9/9/18 / 6 PM

Location of Event: Frank J. Hutchins Mem. Park (Under the Tent) *Description of Event:* Worship & Prayer Service

Type/Purpose of Event (i.e. Community Event, Fundraiser) Community Ecumenical Service - (Blessings, Prayer, Worship)

Contact Person (on site during event): Pastor Mary Whitehead Phone (cell, preferably): 443-752-6957

Sponsor: The Susquehanna Ministerium E-Mail: Spearheadmw@gmail.com Phone: 443-752-6957

Mailing Address: The Healing House, 1864 John Dr., Edgewood, MD 21040

If City services are required please check the appropriate boxes below:

Please Note: **Only those services approved prior to the event will be provided**. Charges may apply.

- ☐ Traffic Control *(use map provided to indicate streets affected and Road Closures)*
- ☐ Parking - Explain needs for City support: _____
- ☑ Trash Cans *(in addition to existing containers) Indicate number needed:* _____
- ☒ Electricity - Explain: Sound System
- ☐ Signage *(example: No Parking Signs)* _____
  ***Event Promotion signs: posted no earlier than 21 days prior, to be removed within 48 hours after event.**
- ☐ Banner Placement on City Light Poles *[Upon recommendation of Tourism Advisory Board; separate application required*
- ☐ Other: _____

Permits will be required for Liquor, Food, Gambling & Fireworks
Event sponsor is responsible for securing all permits.

Please check box if the following is to be part of your event:

☐ Alcohol ☐ Food ☐ Gambling ☐ Fireworks

Your event may require the purchase of insurance up to $1,000,000.00 (liability) and $300,000.00 (property). Copies of insurance agreements, if required, will need to be filed with this application prior to final approval of your event. For further information visit: www.lgit.org/lcu/documents/TULIP.pdf.

Liability Insurance Information (if applicable)
Insurance Provider: _____
Policy Number: _____
Phone: _____

ATTACH PROOF OF INSURANCE WITH APPLICATION

☐ *By checking this box, I agree & acknowlege that the event sponsor and participants will comply with all applicable City Ordinances and Maryland laws, and will adhere to the conditions granted by approval of this application. My signature indicates that the sponsor and/or the individual participants agree to hold harmless the City of Havre de Grace from any liability incurred by them or to others associated with this event. Additionally, the event sponsor agrees to reimburse the City for damages (including settlements) and/or expenses (including attorney fees, court and expert witness fees, etc) regardless of which party is at fault.*

ACKNOWLEDGEMENT SIGNATURES

Mary M. Whitehead 6/5/18
Applicant Signature DATE

_____ Havre de Grace Police Department DATE

_____ Office of the Mayor DATE

_____ Department of Public Works DATE

Special Events Cost Sheet

Event:	Blessing by the Bay
Dates:	9/9/18
Time of set up:	3:00 PM
Take down time:	6:00 PM
Time of actual event:	3-5pm
Location:	

	Number of personnel	Regular Pay (Hours)*	Overtime Pay Hours*	Average Regular Salary	Total Estimated Hours	Total Estimated Labor Cost	Materials Cost	Materials (Description)	Total Cost
PD					0	$0.00	$0.00		$0.00
Notes	This event will be handled by patrol units.								

	Number of personnel	Regular Pay (Hours)*	Overtime Pay Hours*	Average Regular Salary	Total Estimated Hours	Total Estimated Labor Cost	Materials Cost	Materials (Description)	Total Cost
DPW	0	0	0	$0.00	0	$0.00	$0.00		$0.00
Notes	Nothing provided outside of ordinary trash pick up								

Grand Total	0	0	0	$0.00	0	$0.00	$0.00	See above	$0.00