



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: _____ Date of Event: _____ Event Start Time: _____ /Event End Time: _____

Set-up Date and Time: _____ / _____ Take-Down Date and Time: _____ / _____

Location of Event: _____ Description of Event: _____

Type/Purpose of Event (i.e. Community Event, Fundraiser) _____

Contact Person (on site during event): _____ Phone (cell, preferably): _____

Sponsor: _____ E-Mail: _____ Phone: _____

Mailing Address: _____

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:
Signage (example: No Parking Signs)
Emergency Service (First Aid) Explain needs for City Support
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.

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

ATTACH PROOF OF INSURANCE WITH APPLICATION

ACKNOWLEDGEMENT SIGNATURES

By checking this box, I agree & acknowledge 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.

Applicant Signature DATE

Havre de Grace Police Department DATE

Office of the Mayor DATE

Department of Public Works DATE