



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

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.

Title of Event: Christmas Parade Date of Event: 12-2-16 Event Start Time: 6:00pm /Event End Time: 8:00pm

Set-up Date and Time: 12-2-16 / 4:00pm Take-Down Date and Time: 12-2-16 / 8:30pm

Location of Event: St. John / Washington / Warren Streets Description of Event: Christmas Parade and Santa Land

Type/Purpose of Event (i.e. Community Event, Fundraiser) Community Event * Raindate Sunday Dec. 4

Contact Person (on site during event): Shalonn Lawson Phone (cell, preferably): 443-299-2512

Sponsor: Community Projects of HdG (Winter Wonderland) E-Mail: Javabythebay@comcast.net Phone: 410-939-0227

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. [X] 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: [X] Electricity - Explain: w/ Rodney Swann [] 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 [] 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 & 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. 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

Signature: Shalonn Lawson 8/26/16 Applicant Signature DATE Havre de Grace Police Department DATE Office of the Mayor DATE Department of Public Works DATE

Special Events Cost Sheet

Event:	Christmas Parade
Dates:	12/2/2016
Time of set up:	4:00 PM
Take down time:	8:30 PM
Time of actual event	6-8pm
Location:	St. John/Washington and Warren

	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	4		28	\$72.75	28	\$3,055.50	\$0.00		\$3,055.50
Notes									

	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	\$0.00	\$0.00		\$0.00
Notes									

Grand Total	4	0	28	\$72.75	28	\$3,055.50	\$0.00	See above	\$3,055.50
--------------------	---	---	----	---------	----	------------	--------	-----------	------------

*Note: Normal salary includes fringe benefits; OT salary is 1.5 times average salary