

2015



Permit Number: \_\_\_\_\_  
Date Received \_\_\_\_\_  
Commission Review \_\_\_\_\_  
Date Issued \_\_\_\_\_

TOWN OF ST. MICHAELS  
PERMIT APPLICATION  
PUBLIC EVENTS

COMPLETED APPLICATION TO BE SUBMITTED A MINIMUM OF **60 DAYS** PRIOR TO THE EVENT.

1. Name of Applicant and/or Responsible Person

\_\_\_\_\_

Address of Applicant

\_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

On Whose behalf is this event being conducted? (Organization, Corporation, etc.)

\_\_\_\_\_

Purpose of the event

\_\_\_\_\_

2. Chairperson and/or responsible party for the event, if other than above:  
(Include information how this person may be contacted at any time during the event).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

3. To whom is the permit to be issued?

Name

\_\_\_\_\_

Address

\_\_\_\_\_

4. Location(s) of the event

\_\_\_\_\_

Provide a map showing the location of all venues, proposed street closing and parade, biking or running routes, sanitary facilities.

5. Date(s) of event \_\_\_\_\_ Hours of event(s) \_\_\_\_\_

6. Estimated number of Attendees \_\_\_\_\_

7. Running/ biking events and parades shall provide an estimated time for road closures if applicable (**Provide approvals from State Highway (SHA) and St. Michaels Police Department with this application**). Please note that the Town has been notified by SHA that they will no longer provide traffic management sign boards at the entrances into Town. It shall be the responsibility of the applicant to obtain traffic management signs and coordinate the placement of said signs with SHA for any closures to MD Rt. 33.

8. Traffic Management Plan which includes street closures, times for such closures, detour routes, public notification signage, the availability of additional personnel as required to assist in safe vehicular and pedestrian movement

9. A description of activities planned during the event including vendors and their locations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is the use of outdoor speakers being proposed Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide a map showing the proposed location(s) and hours of use.

**A Permit for the Right to Use Outdoor Speakers Associated with a Public Event shall be completed and submitted as part of this permit application)**

11. A communication plan is required outlining the methods of information for distribution to the residents and businesses that may be directly impacted by the public event. (e.g. Town Web Site, notices posted in public locations such as the post office and library, door hangers etc.). The required notification shall be available for review by the public a minimum of 15 days prior to the Commissioners review of the application.

12. Parking Plan required when venues utilize commercial parking, or the anticipated number of attendees exceeds **1000** persons. Handicapped provisions must be shown on plan.

13. Signage for Public Events

**(Application shall be completed and submitted as part of this permit application)**

14. Will alcohol be served Yes \_\_\_\_\_ No \_\_\_\_\_

If alcohol is to be served or consumed on public property, a request for an exemption from Chapter 80 (Alcoholic Beverages) shall be completed and made a part of this permit application.

(If yes, provide a map showing the pouring locations)

15. Sanitary Facilities Total Number \_\_\_\_,  
Number of Handicapped Accessible Units \_\_\_\_

(If yes, provide a map showing all locations)

**I have read and understand the requirements of the St. Michaels Code, Chapters 250 and 224 (copies attached) and accept the responsibility of ensuring that all rules and regulations are complied with.**

**I further acknowledge that all venues which involve the sale or consumption of alcoholic beverages are in compliance with all State and County Liquor Licensing Requirements.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Permit issued by: \_\_\_\_\_  
Commissioners of St. Michaels Date

\_\_\_\_\_  
St. Michaels Police Chief Date

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APPLICATION FOR PUBLIC EVENT  
CHECKLIST

To assist both the applicant and the Commissioners in the preparation and review of the attached permit application, the following checklist has been prepared. Please note that prior to the submittal of the application to the Commissioners for their review, **all** supporting documentation as identified herein must be completed and submitted.

\_\_\_\_ Completed Application packet must be received a **minimum of 60 days** prior to the scheduled event to allow sufficient time for the Commissioners to review the application.

**Application and supporting documentation must be submitted in a word and electronic format.**

\_\_\_\_ Application Fee

\_\_\_\_ Identification of all Town Parks and Town Properties to be utilized in the public event.

\_\_\_\_ Certificate of Liability Insurance naming the Town as an additional Insured

\_\_\_\_ Map showing the location of:

- All Venues
- proposed street closing
- parade, biking or running routes including start and finish locations
- Sanitary Facilities
- Alcohol Serving Areas

\_\_\_\_ Application for signage

\_\_\_\_ Application for Right to Use Audio Speakers

\_\_\_\_ Parking and transportation plan

\_\_\_\_ Written approval from State Highway Administration to close MD Rt. 33(If required)

- 29  Traffic Management Plan
- 30  Written approval from the Chief of Police to close Town streets (If required)
- 31  Executed agreement for additional police services (If required)
- 32  Talbot County Liquor License, (If required)
- 33  Communication Plan
- 34  Trash containment and removal Plan
- 35  Recycling Plan

36 -----  
 37 For Office Use Only

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 40 The application has been reviewed and found not to be complete. A request for additional  
 41 information was forwarded to the applicant on \_\_\_\_\_.

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 43 The Application has been reviewed and found to be complete and forwarded to the  
 44 Commissioners of St. Michaels for their review.

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 46 \_\_\_\_\_  
 47 Name Date  
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 49 \_\_\_\_\_

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