St. Mary's County Health Department

Application to Promote an Outdoor Musical Festival

Name of Promoter: _____ Phone: _____

Address: _____

_____

Name of Festival: _____ Date: _____

Name of Property Owner: _____ Phone: _____

Address: _____

_____

Expected # of Spectators: _____ (If less than 1,000 - fill out **BOLD** areas only, otherwise complete entirely.)

ATTACH SITE PLAN

Septic Provisions: Private On-Site _____ Community Sewage _____ #Portable Toilets _____

Water Provisions: Private Well (indicate type: artesian/shallow): _____ Community Water: _____

Last Sampled: _____ **# of Bottled Water Stations /Water Fountains**: _____

Food Vendors Proposed: ☐ YES ☐ NO

If Yes, list vendors:

_____

_____

_____

_____

Trash Receptacles/Litter Control: _____

Medical/Emergency Provisions (Ambulance Services/On-Call Physician Contracts/Letters):_____

Insect Control Measures: _____

Bonding Provisions (type and name of carrier): _____

Public Safety Adequacy (letter from SMC Sheriff's Office): _____

Promoter License (issued by County Clerk's Office): _____

The applicant hereby certifies and agrees as follows: (1) that he/she is authorized to make this application; (2) that the information is correct; (3) that he/she comply with all applicable State and County regulations; (4) that he/she grants officials the right to access the property for the purpose of conduction the work.

_____ _____
Signature of Promoter Date

Office Use Only:

Site Plan: _____ Refuse Disposal Facilities: _____

Local Law Enforcement Approval: _____ Litter Control: _____

Public Facilities: _____ Insect Control: _____

Emergency Health Services: _____ Cash Bond: _____

Permit Status: APPROVED: _____ DENIED: _____

_____ _____
Director Date