

# Application for Related Event Permit

## Board of Liquor License Commissioners for Baltimore City

<b>RELATED EVENT PROMOTERS PERMIT APPLICATION FEE:</b> <input type="checkbox"/> (\$50.00) <b>ISSUANCE FEE: 75-299</b> <input type="checkbox"/> (\$500.00) <b>300+</b> <input type="checkbox"/> (\$1,500.00) DATE OF EVENT: _____ NAME OF EVENT: _____ NUMBER OF PARTICIPANTS: _____ NUMBER OF OUTDOOR EXTENSIONS: _____ X \$200 = _____ TOTAL AMOUNT OWED FOR PERMIT: _____	<b>STAFF ONLY USE - USE AT ISSUANCE:</b> DATE: _____ INITIALS: _____ <input type="checkbox"/> FLYER <input type="checkbox"/> DOT - SPECIAL EVENTS PERMIT <input type="checkbox"/> REGISTRATION LETTER FROM VISIT BALTIMORE <input type="checkbox"/> SECURITY PLAN WITH REQUIRED INFORMATION <input type="checkbox"/> ONE DAY LICENSE <input type="checkbox"/> LETTER FROM ONE DAY LICENSEE <input type="checkbox"/> LETTER FROM LICENSEE <input type="checkbox"/> SDAT STANDING <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; font-size: small;">Please note that this is a public document and upon request will be provided to the general members of the public.</p> </div>
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- SOLE LICENSEE     
  PROMOTER WITH LICENSEE     
  PROMOTOR WITH ONE DAY LICENSEE     
  SCAT LICENSED CATERER

**I. PROMOTOR (MUST BE 21 YEARS OF AGE AND AUTHORIZED VIA LETTER/I.D. TO APPLY FOR THE LICENSE BY THE ORGANIZATION/COMPANY)**

(Name of Organization/Company/Promoter)	(Address.)	(City/State)	(Zip)
(full name)	(telephone no.)	(date of Birth)	E-mail ( <b>Required</b> )
(residence)Street	Apt#	City	State      Zip Code

**2. PARTICIPATING LICENSE HOLDER INVOLVED (FILL OUT BELOW, ALL LICENSEE SIGNATURES MUST BE NOTARIZED)**

(Trade Name)	(Address of Business)	(Printed Name of Licensee)	(Signature)
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I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, a notary public of the State of Maryland, in and for \_\_\_\_\_, personally appeared \_\_\_\_\_ the applicant(s) named in this application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Signature: \_\_\_\_\_ [Notary Seal] My Commission expires \_\_\_\_\_

Printed Name: \_\_\_\_\_

**3. Information about the Event (FILL OUT ONLY ENTRIES THAT ARE APPLICABLE)**

INDICATE TYPE OF EVENT: INDOOR  OUTDOOR  WILL THE EVENT OCCUR ON EITHER: PUBLIC PROPERTY  PRIVATE PROPERTY

IF **UNDER 300** PARTICIPANTS - CLOSING STREETS:  YES  NO **IF YES**, PLEASE ATTACH COPY OF DOT RECEIPT (PERMIT#: \_\_\_\_\_)

IF **OVER 300** PARTICIPANTS - PLEASE ATTACH COPY OF DOT RECEIPT OR LETTER INDICATING NO PERMIT NEEDED (PERMIT#: \_\_\_\_\_)

**PLEASE ATTACH ALCOHOL SERVICES SECURITY PLAN AND ANSWER THE FOLLOWING QUESTIONS:**

WILL YOU BE HIRING PRIVATE SECURITY  YES  NO PROVIDE NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_

HOW MANY SECURITY PERSONNEL WILL BE PRESENT AT THE EVENT: \_\_\_\_\_ *PLEASE ATTACH A MAP OF THE AREA OF THE EVENT TO THIS APPLICATION*

HOW WILL EVENT STAFF IDENTIFY INDIVIDUALS 21 AND OVER? I.D. CHECK  I.D. CHECK AND WRISTBANDS  I.D. CHECK AND HAND MARKINGS

HOW WILL EVENT STAFF ENSURE PATRONS DO NOT LEAVE RESTRICTED AREA WITH ALCOHOLIC BEVERAGES? \_\_\_\_\_

**4. Oath and certification**

I \_\_\_\_\_ affirm and certify that information within this application is true and accurate, and further assent that if granted this licenses, I hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which this Related Event shall be conducted, and any and all parts of the premises or building in which said Related Event is to be conducted, during the hours authorized by the issuance of this permit.

\_\_\_\_\_  
(Signature or Applicant)      (Date)