

City of Pocomoke, City Maryland  
Event Application

Coordinator Name \_\_\_\_\_ Event Name \_\_\_\_\_

Coordinator Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Time & Date of Event \_\_\_\_\_ (include closing/ending time)

Location \_\_\_\_\_ Rain Date \_\_\_\_\_

Public or ticketed event - (circle one)

If ticketed, expected attendance? \_\_\_\_\_

**Event**

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state plans for the following

**Security:**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical Services:**

\_\_\_\_\_  
\_\_\_\_\_

**Fire**

Prevention: \_\_\_\_\_  
\_\_\_\_\_

**Event Cleanup:**

\_\_\_\_\_  
\_\_\_\_\_

**Pocomoke City Services**

requested: \_\_\_\_\_  
\_\_\_\_\_

**Liquor and Food**

Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Volunteer Services:**

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**Additional Vendors:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Additional contacts for whom the event is hosted by:**

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**Important Information**

Traffic control, Parking, Lane closures, Layout– Must attach maps, plans, or drawings. Additional permits and licenses (peddlers, alcohol, etc.) must be attached. All insurance, bonds, liability certificates must be included. Pocomoke City Mayor and Council reserve the right to request additional insurance information. This is a requirement for all events. This application must be signed off by all departments no fewer than 60 days prior to appearing before the Mayor and City Council.

**Fees: \$100 plus additional fees if using City Staff (determined by City Manager)**

Pocomoke City Mayor and Council recognize that plans change as the execution of your event progresses. We encourage you to make the City aware as soon as possible to major event changes.

A contract will be required if Pocomoke City services are utilized. If Pocomoke City services are utilized, Applicant shall indemnify, defend and hold Pocomoke City harmless from and against any claims or causes of action, obligations, damages, judgments, penalties, costs, charges and expenses (including attorney's fees) incurred by, or asserted against Pocomoke City and which arise out of the use of Pocomoke City services.

By signing below, I acknowledge that the foregoing is true and that any changes must be communicated to and approved by Pocomoke City.

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Applicant

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Organization

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Date

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Health Department - \_\_\_\_\_ Sign  
\_\_\_\_\_ Print

Fire Department - \_\_\_\_\_ Sign  
\_\_\_\_\_ Print

EMS - \_\_\_\_\_ Sign  
\_\_\_\_\_ Print

Police - \_\_\_\_\_ Sign  
\_\_\_\_\_ Print

Public Works - \_\_\_\_\_ Sign  
\_\_\_\_\_ Print