

Frederick County Sheriff's Office Special Event Permit

Event Name:	
Start Date:	End Date:
Start Time:	End Time:
Type of Event:	
Organizer:	
Contact Person:	Phone:
Address:	
Email:	
No. of Participants: No. of Vehicles	/Units: Rain/Snow Date:
Will you be occupying all or part of a roadwa Will you be closing all or part of a roadway? If Yes to either of the above, where?	
Have you requested Law Enforcement Assista The event organizer is responsib	ance Yes: No: le for obtaining Law Enforcement assistance.
Was it approved? Has any aspect of the event changed?	Yes: No: Yes: No: Yes: No:
Attach the Following: Event Map Traffic Control Plan (including details locations of Law Enforcement/Fire Poas appropriate)	on how intersections will be controlled, a detour plan, blice/Volunteers and locations of all traffic control devices
(Contact the Traffic Unit to determine	what, if any, additional information will be required.)

Submit the Permit no later than 60 days prior to your event.

Organizer's Acknowledgement

I/We hereby affirm that the organizer of this event and all participants will comply with the laws of the State of Maryland and any applicable County or municipal statutes and ordinances and will adhere to the terms and conditions set forth in this permit. My/Our signature(s) below confirm that the organizer and all participants agree to hold harmless from liability, incurred by them or to others associated with this event, the various governmental agencies providing assistance for this event. The organizer may be required to obtain Liability and Property Damage Insurance with limits of at least \$300,000 per incident/\$1,000,000 aggregate.

Organ	izer:					
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Signat	ure:		Diaga Cian			
Тата	and conditions		Please Sign			
	and conditions	11 adhama ta t	ha maysta myymhan a	f nantiainanta and vahiala	og (not mong than 10	0/
1)				f participants and vehicles) and times shown on the		70
2)				Fraffic Control Plan is for		
,	vill require access to	all				
,				ns. This may require the		
4)				er shall clean up all litter,		
		s and return	the roadway to a co	ondition equal to or better	than its condition b	efore
	the event.					
5)	Additional Stip	pulations:				
Agenc	y Approvals					
		ving approva	l for your agency.	consider the following:		
	0 0	0 11		n for your agency to com	mit manpower and	
,	resources	1.1	, &	, ,	1	
2)	Ensure you have	ve looked ov	er the entire applic	ation packet, including th	ne Route Map and T	raffic
	Control Plan.	If you identi	fy any problems, h	ave the event organizer a	ddress them prior to	
	signing.					
3)		-	•	mutually agreed upon the	e amount (in writing	g) and
	terms under w	hich paymen	t will be made.			
Sherif	f's Office:					
Oncin	1 3 Office	Signature		Printed Name	Date	
		Signature	•		Duic	
Local	Government ():				
		Agency	Signature	Printed Name	Date	
Local	Government ():	Signature			
		Agency	Signature	Printed Name	Date	
Local	Government (١.				
Local	Government (Signature	Printed Name	Date	

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