



**HOWARD COUNTY DEPARTMENT OF POLICE**  
**SPECIAL EVENTS PERMIT APPLICATION**  
**Traffic Enforcement Section**  
11226 Scaggsville Road, Laurel, MD 20723



**Instructions:**

**Permit #:** \_\_\_\_\_

- Applications can be submitted 1 year in advance of the date of the event, but applications must be received at least 60 days prior to the date of the event. It is highly recommended that applications for large-scale events be submitted as soon as possible.
- To avoid scheduling conflicts, events should not be publicized prior to obtaining approval.
- Please ensure every field is completed prior to submitting the application.
- Late or incomplete applications may not be processed.
- Rain dates require a new application to be submitted.
- You will be notified via email of the status of your permit. If approved, you will receive an invoice via email for the required \$50 application fee.
- Questions can be answered by emailing [Policepermits@howardcountymd.gov](mailto:Policepermits@howardcountymd.gov), or by calling (410) 313-4756.

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**SECTION I. – EVENT INFORMATION**

**Event Start Date:** \_\_\_\_\_ (mm/dd/yyyy) **Event End Date:** \_\_\_\_\_ (mm/dd/yyyy)

**Start Time(s):** \_\_\_\_\_ **End Time(s):** \_\_\_\_\_

**Event Setup Time:** \_\_\_\_\_ **Event Breakdown Time:** \_\_\_\_\_

Will weather cause a cancelation of your event? ☐ No ☐ Yes

If yes, explain under what circumstance: \_\_\_\_\_

In the event of projected inclement weather on the date of your event, you must notify the Traffic Enforcement Section three (3) week days (excludes Saturday and Sunday) in advance of your event date via email, [Policepermits@howardcountymd.gov](mailto:Policepermits@howardcountymd.gov), with the status of your event.

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**Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Event Type:** ☐ Bike Race ☐ Bike Ride ☐ Block Party ☐ Concert  
☐ Foot Race ☐ Motorcycle Ride ☐ Parade ☐ Triathlon  
☐ Walk ☐ Other

**Number of Participants:** \_\_\_\_\_ (Use a Whole Number)

**If Other, Explain:** \_\_\_\_\_

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## SECTION II. – APPLICANT INFORMATION

Primary Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Primary Applicant Phone: Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Secondary Applicant Phone: Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION III. – ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_ or Self: ☐

Organization Address: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Is the Organization in or out of County: ☐ In ☐ Out

Is the Organization a non-profit: ☐ Yes ☐ No If Yes, Organization Tax ID No: \_\_\_\_\_

I hereby acknowledge and certify that the above named organization(s) are legitimate nonprofit organization(s), educational institutions, fraternal orders, or religious organizations in good standing with the assigned Tax ID numbers.

Representative of the Organization: (At least one name required – one must be the applicant)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

## SECTION IV. - EVENT QUESTIONS

SHA Application Filed (If using a State road/highway)

☐ No ☐ Yes

Annual Event

☐ No ☐ Yes

SHA Application Date:

\_\_\_\_\_

Requesting Police Assistance: ☐ No ☐ Yes

Any Changes from Previous Year:

☐ No ☐ Yes ☐ N/A  
(If yes, explain the change in Section VIII)

Proposed Route Attached (Attach for rides/races/walks and parades)

☐ No ☐ Yes  
(Complete Section VII)

Adequate Parking

☐ No ☐ Yes

If Yes, Adequate Parking Location:

\_\_\_\_\_

Gambling Devices

☐ No ☐ Yes

If Yes, Gambling Device Type: \_\_\_\_\_

#### SECTION IV. - EVENT QUESTIONS CONTINUED

Will alcohol be given away or sold: ☐ No ☐ Yes

Location where alcohol will be dispensed: \_\_\_\_\_

Explain how access to alcohol will be controlled: \_\_\_\_\_

Liquor License: ☐ No ☐ Yes Liquor License application date: \_\_\_\_\_ Type of Liquor License: \_\_\_\_\_

##### Sanitary Facilities (restrooms):

☐ No ☐ Yes

If Yes, Type and Number of Restrooms: \_\_\_\_\_

Will there be a Live Band/Performance/DJ/Music? ☐ No ☐ Yes

Will there be amplified sound/loud speaker? ☐ No ☐ Yes

Will your event involve any of the following? ☐ No ☐ Yes

☐ Fireworks/Pyrotechnics ☐ Fires/Open Flames ☐ Compressed Gas ☐ Ceremonial Discharge of Firearm

#### SECTION V. – USE OF PROPERTY

Do you plan to use private property? ☐ No ☐ Yes Are you the owner of the property? ☐ No ☐ Yes

Private Property Address: \_\_\_\_\_

Private Property owner if not yourself: \_\_\_\_\_

Do you plan to use public property? ☐ No ☐ Yes

Are you authorized to use the public property? ☐ No ☐ Yes What Agency? \_\_\_\_\_

Public Property Address: \_\_\_\_\_

Public Property owner: \_\_\_\_\_

Will your event affect the use of parking meters? ☐ No ☐ Yes

Will your event use any portion of a County park? ☐ No ☐ Yes

Will your event use any portion of a County parking lot? ☐ No ☐ Yes

Will a stage or other structure be erected on County property? ☐ No ☐ Yes

If yes, indicate size, type and location: \_\_\_\_\_

The use of private or public property requires the submission of authorization from the owner of the property for you to use their property. The authorization must be emailed to [Policepermits@howardcountymd.gov](mailto:Policepermits@howardcountymd.gov) no later than one (1) week prior to the date of the event. If erecting a stage, please contact the Department of Inspections, Licenses and Permits at (410) 313-3948.

#### SECTION VI. – PUBLICIZING THE EVENT

How do you plan to notify area residents, business, and religious institutions of your event?

Signs: ☐ Flyer: ☐ Newsletter: ☐ Variable Message Sign Boards: ☐

A copy of the notification must be must be emailed to [Policepermits@howardcountymd.gov](mailto:Policepermits@howardcountymd.gov) no later than one (1) week prior to the date of the event.

## SECTION VII. - ROUTE INFORMATION

If your event involves a route, please provide the turn-by-turn directions regardless of prior submissions.

(Example: [Start] 3825 Centennial Lane, exit the school parking lot, turn right onto Centennial Lane, left onto Breconshire Road, left onto White Rose Way, left onto Glastonbury Road, left onto Centennial Lane and right into the parking lot of 3825 Centennial Lane [Finish].) (Attach additional page if necessary)

Route:

## SECTION VIII. – ADDITIONAL INFORMATION

Additional Information/Comments:

## SECTION IX. - ACKNOWLEDGEMENTS

I hereby acknowledge and agree that the event sponsor and the participants will comply with all applicable Maryland laws and will adhere to the conditions granted by this permit. By affixing my name on this form, the applicant, sponsor, and /or individual participants agree to hold the public agencies harmless from any liabilities incurred by them or to others associated with this permit. A copy of the proposed course map or roads affected is attached to this application.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Email the completed application to [Policepermits@howardcountymd.gov](mailto:Policepermits@howardcountymd.gov).