

Rec'd.
update 1/17/24

City of Atlantic City Special Event Application



For Office Use Only	
Date Received:	
Received by:	
Application #: _____	

I. EVENT DESCRIPTION	
1. Name of Event: <u>Music Festival</u>	EVENT DESCRIPTION
2. Please provide a detailed description of the event to help us understand the theme(s) and activities of this event. Please describe this event's community and/or cultural benefit. If extra space is needed, please use page 25.	
<u>Live Band Music Traditional Folk Music</u>	
<u>Live Traditional Folk Dancing</u>	
<u>Traditional Food, Cutted fruit - Soda, Bottle Water, Beer (can 12 oz)</u>	

II. EVENT DATE(S), TIME(S) AND ANTICIPATED ATTENDANCE										
1.	Please provide the dates/times the event will start and end each day. If not applicable, enter "NA."						Anticipated Attendance		DATE/TIME ATTENDANCE	
	Day	Date	Day of Week	Start Time	AM/PM	End Time	AM/PM	Participants		Spectators
	Day (1)	<u>May 18th</u>	<u>SAT</u>	<u>12:00</u>	<u>Pm</u>	<u>9:00</u>	<u>Pm</u>	<u>25</u>		<u>1000.</u>
	Day (2)	<u>June 22</u>	<u>SAT</u>	<u>12:00</u>	<u>Pm</u>	<u>9:00</u>	<u>Pm</u>	<u>25</u>		<u>1000</u>
	Day (3)	<u>Aug 10</u>	<u>SAT</u>	<u>12:00</u>	<u>Pm</u>	<u>9:00</u>	<u>Pm</u>	<u>25</u>		<u>1,000.-</u>
	Day (4)	<u>May 26</u>	<u>SUN</u>	<u>12:00</u>	<u>Pm</u>	<u>9:00</u>	<u>Pm</u>	<u>25</u>		<u>1,000</u>
If your event takes place over multiple sequential calendar days and the event plans are similar in nature from day-to-day, one application may be submitted. If extra space is needed to list multiple sequential calendar dates, please use page 25.										

2.	Event Setup/Breakdown: Please indicate if "Not Applicable" to this event: ☐ Not Applicable								SETUP BREAKDOWN
	SETUP:				BREAKDOWN:				
	Date	Day of Week	Start Time	AM/PM	Date	Day of Week	Start Time	AM/PM	
	<u>May 17th</u>	<u>FRI</u>	<u>11:00</u>	<u>Am</u>	<u>May 18th</u>	<u>SAT</u>	<u>10:00</u>	<u>Pm</u>	

3.	Rain or Shine Event?		Rain Date(s):	First Alternate Choice:		Second Alternate Choice:		RAIN DATE
	☐ Yes	☒ No		Date	Day of Week	Date	Day of Week	
				<u>May 19th</u>	<u>SUN</u>	<u>May 25th</u>	<u>SAT</u>	

III. APPLICANT				
1.	Name of Applicant: <u>MFSNY / Alex Garcia</u>		Title of Applicant: <u>Director</u>	APPLICANT
	Applicant Address: City, State and Zip Code: <u>111 Catskill Ave. Yonkers NY 10704</u>			
	Mobile/Cell Phone Number: <u>(212) 804-8998</u>	Fax Number:	Land Line (hard wired) Phone Number: <u>(914) 963-8084</u>	
	Applicant e-mail Address(s): <u>mfdsnyc@gmail.com</u>			