



# CITY OF SALEM, MASSACHUSETTS

JEAN A. LEVESQUE COMMUNITY LIFE CENTER  
401 Bridge Street, Salem MA 01970  
Tel. (978) 744-0180 (978) 744-0924

Kimberley Driscoll  
MAYOR

Trish O'Brien  
Superintendent

## SALEM COMMON, WILLOWS SHELL, OPEN SPACE PERMIT APPLICATION 60 Day Notice Required If P&R Commission Approval is needed

- 1) Name of Applicant/Organization: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ email: \_\_\_\_\_ Ph: \_\_\_\_\_
- 2) Is Applicant/Organization Salem Based: Yes No (please circle one)  
Is Applicant/Organization All Volunteer: Yes No (please see Policy for description)  
If Registered, provide Nonprofit EIN# \_\_\_\_\_ Or Mass. Business ID # \_\_\_\_\_
- 3) Space requested: \_\_\_\_\_ Date Requested: \_\_\_\_\_
- 4) Event start time: \_\_\_\_\_ Event end time: \_\_\_\_\_
- 5) Set up start time: \_\_\_\_\_ Breakdown end time: \_\_\_\_\_
- 6) Event Description: \_\_\_\_\_
- 7) Est. number of attendees/participants: \_\_\_\_\_ Fee to attend/participate: YES or NO
- 8) Requesting Amplified Sound: YES NO If YES, A/S Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- 9) Power Requested: YES NO If YES, Time ON: \_\_\_\_\_ Time OFF: \_\_\_\_\_
- 10) Lights Requested: YES NO If YES, Time ON: \_\_\_\_\_ Time OFF: \_\_\_\_\_
- 11) Vendors Requested : YES NO If YES, How Many \_\_\_\_\_ Vendor Product: \_\_\_\_\_
- 12) Canopies/Tents : YES NO If YES, How Many \_\_\_\_\_ What Size: \_\_\_\_\_
- 13) Other Misc. Requests: \_\_\_\_\_
- 14) Is the Space being requested to be used as a Fundraiser : YES NO

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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For office use only---- Date received: \_\_\_\_\_ Date available Yes/No  
Fee: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Fee Received By: \_\_\_\_\_  
Commission Decision needed? Yes/No Date Approved/Denied: \_\_\_\_\_  
Comments/Restriction: \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_



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