



CITY OF SALEM, MASSACHUSETTS
PARK, RECREATION & COMMUNITY SERVICES
401 BRIDGE STREET, SALEM, MA 01970

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KIMBERLEY DRISCOLL
MAYOR

PATRICIA O'BRIEN
SUPERINTENDENT

SALEM PARKS AND RECREATION FIELD/COURT PERMIT APPLICATION

- 1) Name of Applicant/Team/Organization: _____
Street Address: _____ City: _____ State: _____
Contact Person: _____ Email: _____ Ph: _____
- 2) Is Team/Organization Salem Based: YES NO (circle one)
Is Team/Organization All Volunteer: YES NO (see Policy for description)
If Registered, provide Nonprofit EIN# _____ or Mass. Bus ID# _____
- 3) Field/Court Requested: _____ Sport using Field/Court: _____
Hourly Dates: _____ Times: From _____ To _____
OR
Seasonal Dates: Spring / Summer / Fall (circle one) Day: _____ From _____ To _____
Lights Requested: (if available) Yes No Time Lights ON _____ Time Lights OFF _____
- 4) Requesting Amplified Sound: YES NO If YES, Start time _____ End Time _____
- 5) Requesting Vendors: YES NO If YES, How Many _____ Product: _____
- 6) Requesting Canopies/Tents: YES NO If YES, How Many _____ Size _____
- 7) Request to Place Portable Toilet(s) YES NO If Yes, How Many _____
- 8) Other Miscellaneous Requests: _____
- 9) Is the Space being requested to be used for a Fundraiser? YES NO

Applicant Signature: _____ Date: _____

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/Restrictions _____

Director Approval: _____ Date: _____