



CITY OF SALEM, MASSACHUSETTS
PARK, RECREATION & COMMUNITY SERVICES
 401 Bridge Street, Salem, MA. 01970
 (987) 744 - 0924

Dominick Pangallo
 MAYOR
 Trish O'Brien
 SUPERINTENDENT

SALEM COMMON, WILLOWS SHELL, OPEN SPACE PERMIT APPLICATION
60 DAY NOTICE REQUIRED IF P&R COMMISSION REVIEW IS NEEDED

- 1) Name of Applicant/ Organization: _____
 Street Address: _____ City/State _____
 Contact Person: _____ Email: _____ Ph # _____
- 2) Is Applicant/Organization All Volunteer: YES/ NO (see policy for description)
- 3) If the Applicant is a Registered Non-Profit, provide State EIN #: _____
- 4) Space Requested: _____ Date Requested: _____
- 5) Event Start Time: _____ Event End Time: _____
- 6) Set Up Start Time: _____ Breakdown End Time: _____
- 7) Event Description: _____
- 8) Est. Number of attendees/participants: _____ Is there a fee to attend/participate: YES/NO.
- 9) Are you requesting to use any size speaker at the event? YES/NO.
- 10) Requested times for speaker use: Sound start time: _____ Sound end time: _____
- 11) Power Requested (if available): YES/NO If YES, Time ON _____ Time OFF _____
- 12) Lights Requested (if available): YES/NO If YES, Time ON _____ Time OFF _____
- 13) Vendors Requested for Event? (\$25 per vendor): YES/NO If YES, How Many? _____
- 14) Requesting to put up a Canopy/Tent? YES/NO. If YES, How Many _____ What Size _____
 *Tents larger the 120 square feet require a City of Salem Building Permit.
- 15) Other Miscellaneous Requests: _____
- 16) Is the space being used to hold a fundraiser? YES / NO

Applicant Signature: _____ Date: _____

Office Use only Date received: _____ Date Available: _____
 Fee: _____ Date Fee received: _____ Fee received by: _____
 Commission Decision Required? YES/NO . Date approved/denied: _____
 Comments/Restrictions: _____

DIRECTOR APPROVAL _____ Date _____

Pol __ App __ Ack __ Dis __ Ord __