

SUPERINTENDENT

CITY OF SALEM, MASSACHUSETTS

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

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#	
	Is Applicant/Organization All Volunteer: YES/NO (see policy for description) If the Applicant is a Registered Non-Profit, provide State EIN #:			
4)	4) Space Requested: Date Requested: Date Requested: Event End Time: Event End Time: Date Requested:			
5)	Event Start Time:	Event End Time:		
6)	Set Up Start Time:	Breakdown End Time:		
7)	Expant Decement on			
8)	B) Est. Number of attendees/participants: Is there a fee to attend/participate: Y			
10) Ma 11) 12) 13) 14)	Are you requesting to use any size specific Requested times for speaker use: South Requested times for speaker use: South Requested (if available): YES a Lights Requested (if available): YES a Vendors Requested for Event? (\$25 pt Requesting to put up a Canopy/Tent? *Tents larger the 120 square feet requested Other Miscellaneous Requests: Is the space being used to hold a fund	and start time:Sound the start ti	d end time: e of sound projection. Time OFF Time OFF ES, How Many? any What Size	
Applicant Signature:		Date	Date:	
, r				
	Office Use only Date received: _	Date Available	,	
	Fee: Date Fee received	:Fee rec	eived by:	
	Commission Decision Required? YE Comments/Restrictions:			
	DIRECTOR APPROVAL		Date	
	Pol App Ack Dis Ord	-		