

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) N	Name of Applicant/ Organization: _		
S	Street Address:	City/State_	
(Contact Person:	Email:	Ph #
- \ -			
-	s Applicant/Organization All Volunteer: YES/NO (see policy for description)		
3) If the Applicant is a Registered Non-Profit, provide State EIN #:			N #:
4) S	Space Requested:	Date	e Requested:
5) E	Event Start Time:	Date Requested:Event End Time:	
6) S	Set Up Start Time:	Breakdown End Time:	
7\ T			
8) E	Event Description: Est. Number of attendees/participar	nts: Is there a fee to	o attend/participate: YES/NO.
	Are you requesting to use any size :		
10) F	Requested times for speaker use: So	ound start time:S	ound end time:
	parks (except Willows Shell location		
Will	ows Shell ONLY, 90 decibels sour	nd limit @ 25 feet from sp	oeaker.
	Power Requested (if available): YE		
12) L	Lights Requested (if available): YE	S/NO If YES, Time O	NTime OFF
	Vendors Requested for Event? (\$25		
	Requesting to put up a Canopy/Ten		
	Tents larger the 120 square feet re	quire a City of Salem Bu	ilding Permit.
	Other Miscellaneous Requests:		
16) I	s the space being used to hold a fur	ndraiser? YES / NO	
A	liant Cianatana	1	Data
App	olicant Signature:		Date:
	Office Use only Date received:	Date Avail	able·
F	Fee: Date Fee received.	ed: Fee	e received by:
(Fee: Date Fee received: Fee received by: Commission Decision Required? YES/NO . Date approved/denied:		
	Comments/Restrictions:		
Ī	DIRECTOR APPROVAL		Date
_			
F	Pol App Ack Dis Ord		
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