

CITY OF SALEM, MASSACHUSETTS

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

Trish O'Brien Superintendent

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

 Name of Applicant/Organization: 		
Street address:	City:	State:
Contact Person:		
2) Is Applicant/Organization All Volur	nteer: Yes No (please	see Policy for description)
3) If Applicant is a Registered Nonpro	ofit, provide Nonprofit E	IN#
4) Space requested:	Date Request	ted:
5) Event start time:		
6) Set up start time:	Breakdown end time:	
7) Event Description:		
8) Est. number of attendees/participations		
9) Requesting to use any size speaker		
10) Power Requested (if available): Y		
11)Lights Requested (if available): YE	S NO If YES, Time ON	:Time OFF:
12) Vendors Requested : YES NO If YE	ES, How ManyVen	dor Product:
* \$25.00 per vendor		
13) Requesting to put up a canopy/te	nt: YES NO If YES, How	ManyWhat Size
* Tents larger than 120 square feet re	equire a City of Salem Bu	ilding Permit*
13) Other Misc. Requests:		
14) Is the Space being requested to be		
ADDI ICANT SIGNATUDE:		DATE:
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		
Comments/Restriction:		
Director Approval:		Date:
rr		



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