



CITY OF SALEM, MASSACHUSETTS
PARK, RECREATION & COMMUNITY SERVICES

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Kimberley Driscoll
MAYOR

Patricia O'Brien
DIRECTOR

Salem Park, Recreation & Community Services Permit Request Form

1) Name of the Applicant/ Organization/ Group:
Street Address of App/ Org/ Group: City: State:
Phone number of App/ Org/ Group:
Email Address of App/ Org/ Group:
Contact Person: Phone#: Email:
Is the Applicant a Non-Profit Group? Yes/ No Non-Profit Doc/ Fed. EIN #
Park/ Field/ Beach/ Venue requested:
Date(s) Requested: Start time: End Time:
Describe Event:

2) Information Required For EVENTS:
Is the Non-Profit Salem based? YES / NO Is the Event staff all Volunteers? YES / NO
Does the Non-Profit hire an outside group to manage this event? YES / NO
If yes, please provide the name & contact information:
Estimated number of attendees / participants: Electricity: YES / NO (if available)
Park & Rec approved trash removal plan in place? YES / NO / NA Request for amplified sound? YES/NO
Check amenities that the group will provide: Food Prep/ service Vendors
Tent(s) Tent size (Sq. Ft) Portable restrooms
Amusements/ bouncy house (if permittable)
Applicant Signature: Date
If the event is approved, a Certificate of Insurance, if required, must be provided before the final approval by the City Council.

For Office Use Only

Date Received: Date Available: Fee:
Date Fee Paid: Fee Received by:
Director Approval:
Commission decision, if needed: APPROVED / DENIED
Comments/ Restrictions:
Date Permit Issued: