



CITY OF SALEM, MASSACHUSETTS

PARK, RECREATION & COMMUNITY SERVICES

401 Bridge street, Salem, Mass.

Tel. (978) 744-0180/(978) 744-0924

Fax (978) 219-1655

pobrien@salem.com

Kimberley Driscoll
MAYOR

Patricia O'Brien
DIRECTOR

Salem Park, Recreation & Community Services Permit Request Form

Applications are to be received a minimum of 60 days in advance of requested date

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: _____
 Event times: Set up _____ / Start _____ / End _____ / breakdown finished _____
 Electricity requested (if available): **YES/NO** Electricity times: ON _____ OFF _____
 Lighting requested (if available): **YES/NO** Lighting Times: ON _____ OFF _____
 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: _____ Is there a fee to attend/ participate? **YES/NO**
 Request for Amplified Sound: **YES / NO** Sound Set Up/ Removal by: Applicant or Others **(circle one)**
 Request for Amusements/ Bouncy House, Etc.: **YES/NO** Amusement Set Up/ Removal by: Appl. or Others **(circle one)**
 Amenities provided by Applicant: Food: **YES / NO** Is Food provided by Outside Group (caterer?) **YES/ NO**
 Canopy/ Tent? **YES/NO** How Many? _____ Size (Sq. Ft) _____ Portable restroom: **YES / NO**
 Vendors: **YES / NO** if Yes, How Many? _____
 Parks and Rec. approved trash removal plan: **YES / NO / N/A**

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: _____ Date Permit Issued: _____
 Commission decision, if needed: **APPROVED / DENIED** **Date:** _____
 Comments/ Restrictions: _____



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