

**TOWN OF ARLINGTON
SPECIAL EVENT PERMIT APPLICATION**

Applicant and Sponsoring Organization Information

Saint Athanasius Greek Orthodox Church

Name of Organization / Sponsor: _____

Address: 4 Appleton St. City: Arlington State: MA Zip: 02476

Applicant Name: Stefanos Bouboulis Tel#: _____

E-mail: stefanos.bouboulis@gmail.com

Event Manager: Dean Ioakimidis Contact Info: _____

Other Contact Person/s: Stefanos Bouboulis Contact Info: _____

Event Information

☐ Run/Walk ☐ Parade ☒ Event

Event Title: Saint Athanasius Greek Festival

6/11 11am - 10pm, 6/12 11am-10pm, 6/13 11am-7pm

Start Date & Time(s): _____ End Date & Time(s): _____

Estimated Attendance: # ~1000/day Admission Fee: Free

Open to the Public: ☐ Yes ☐ No

Requested Location: Street (specify): 4 Appleton St. Arlington MA - On our property

Other (specify): _____

Set Up Date/Time & Description: Tent - week of 6/7/21 - on our property

Breakdown Date/Time & Description: Tent - week of 6/14/21 - on our property

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

N/A - Tent on our property will house the event

Event Details

YES **NO**

☒ ☐ Will you set up table(s) and/or chair(s)? Approximate number : 250

☐ ☒ Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): N/A

☒ ☐ Canopy(ies) and/or Tent(s)- describe dimensions: 150' x 60' tent

The following is required by your organization to insure the safety and health of all participating in this event: *Note: You do not need to contact the departments below if it is not required.*

YES **NO** **We will arrange for 2 officer detail**

☒ ☐ Police Detail: _____ (contact police)