TOWN OF ARLINGTON
SPECIAL EVENT PERMIT APPLICATION

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: Arlington Chamber of Commerce

Address: 611 Mass Ave City: Arlington State: MA Zip: 02474

Applicant Name: Beth Locke Tel#: 617-429-2538

E-mail: info@arlcc.org

Event Manager: Same Contact Info: Same

Other Contact Person/s: _____ Contact Info: _____

Event Information

☐ Run/Walk ☐ Parade ☑ Event

Event Title: Summer Concert Series

Start Date & Time(s): see pg. 2 End Date & Time(s): _____

Estimated Attendance: # Varied Admission Fee: —

Open to the Public: ☑ Yes ☐ No

Requested Location: Street (specify): _____

Other (specify): Whittemore Park.

Set Up Date/Time & Description: 5pm

Breakdown Date/Time & Description: 8pm

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

Event Details

YES	NO	
☐	☑	Will you set up table(s) and/or chair(s)? Approximate number : _____
☐	☑	Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): _____
☐	☑	Canopy(ies) and/or Tent(s)- describe dimensions: _____

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	
☐	☐	Police Detail: _____ (contact police)

Special Event App.

The Chamber would like to host a family concert series in Whittemore Park with target dates being: 7/13, 7/20, 7/27, and 8/3. These are all Wednesdays. We may look to add or subtract a Wednesday depending on how many bands we are able to attract.

We will most likely need to use the electrical outlets on the front of the Jefferson Cutter House. Attendees will bring their own folding chairs.