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#: 617.429.2558 (Mobile)

E-mail: info@arlc.org

Event Manager: Same Contact Info: Same

Other Contact Person/s: _____ Contact Info: _____

Event Information

☐ Run/Walk ☐ Parade ☑ Event

Event Title: Porchfest - Host Location

Start Date & Time(s): June 18 @ 12PM End Date & Time(s): June 18 @ 6PM (Raindate June 19)

Estimated Attendance: # Varied Admission Fee: —

Open to the Public: ☑ Yes ☐ No

Requested Location: Street (specify): Whittemore Park

Other (specify): _____

Set Up Date/Time & Description: June 18 - 11am

Breakdown Date/Time & Description: June 18 - 6:00PM

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

Event Details

Tables for Chamber/ ACA literature, table for small art sale, space for 2 bands to play 2-4pms 4pm-6:00pm.

YES	NO	
☑	☐	Will you set up table(s) and/or chair(s)? Approximate number : 2-3 tables
☐	☐	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)