**TOWN OF ARLINGTON**
**SPECIAL EVENT PERMIT APPLICATION**

**Applicant and Sponsoring Organization Information**

Name of Organization / Sponsor: Cyrus Dallin Art Museum

Address: 611 Mass. Ave City: Arl. State: MA Zip: 02474

Applicant Name: Geri Tremblay Tel#: 781-305-3438

E-mail: DRGT88@comcast.net

Event Manager: Geri Tremblay Contact Info: 781-305-3438

Other Contact Person/s: _____ Contact Info: _____

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**Event Information** We wish to reserve Whittemore Park for Speakers (Sean Greabelly) + refreshments.

~~☐ Run/Walk~~ ☐ Parade ☒ Event

Event Title: REOPENING NATIVE AMERICAN GALLERY

Start Date & Time(s): AUG 7. 12:00 NOON End Date & Time(s): AUG 7. 7:P.M.

Estimated Attendance: # 40-50 Admission Fee: ZERO

Open to the Public: ☐ Yes ☒ No

Requested Location: Street (specify): Whittemore Park, 611 Mass. Ave.

Other (specify): _____

Set Up Date/Time & Description: AUG 7 12:00 Noon, MUSEUM STAFF SETTING 2 Tables + Chairs

Breakdown Date/Time & Description: AUG 7, 6:00 p.m.

**NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS**

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**Event Details**

| YES | NO | |
|---|---|---|
| ☒ | ☐ | Will you set up table(s) and/or chair(s)? Approximate number : 12 CHAIRS |
| ☐ | ☒ | Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): N/A |
| ☐ | ☒ | Canopy(ies) and/or Tent(s)- describe dimensions: N/A |

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) |