

**TOWN OF ARLINGTON
SPECIAL EVENT PERMIT APPLICATION**

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Name: _____ Tel#: _____

E-mail: _____

Event Manager: _____ Contact Info: _____

Other Contact Person/s: _____ Contact Info: _____

Event Information

☐ Run/Walk ☐ Parade ☐ Event

Event Title: _____

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

Estimated Attendance: # _____ Admission Fee: _____

Open to the Public: ☐ Yes ☐ No

Requested Location: Street (specify): _____

Other (specify): _____

Set Up Date/Time & Description: _____

Breakdown Date/Time & Description: _____

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

Event Details

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Will you set up table(s) and/or chair(s)? Approximate number : _____
<input type="checkbox"/>	<input type="checkbox"/>	Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	Police Detail: _____ (contact police)