

**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)