

TOWN OF ARLINGTON
SPECIAL EVENT PERMIT APPLICATION

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: Center for Jewish Life

Address: 129 Lake St City: Arlington State: MA Zip: 02474

Applicant Name: Luna Bukiet Tel#: 347 623 9356

E-mail: luna@jewishab.com

Event Manager: Luna Bukiet Contact Info: 347 623 9356

Other Contact Person/s: Rabbi Avi Bukiet Contact Info: 617 909 8653

Event Information

Run/Walk Parade Event
Event Title: Menorah Lighting

Start Date & Time(s): Dec 12, 4pm End Date & Time(s): Dec 12, 5pm

Estimated Attendance: # 25-50 Admission Fee: FREE OF CHARGE

Open to the Public: Yes No

Requested Location: Street (specify): 611 Massachusetts Ave, In front of Jefferson Cutter House
Other (specify): _____

Set Up Date/Time & Description: Dec 12 3:30pm. Set up 8 ft tall menorah.

Breakdown Date/Time & Description: Set up a table w/ crafts and holiday treats.

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

Event Details

YES
NO

Will you set up table(s) and/or chair(s)? Approximate number: 2 tables
Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): Menorah Display
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)