TOWN OF ARLINGTON
SPECIAL EVENT PERMIT APPLICATION

Applicant and Sponsoring Organization Information

Name of Organization / Sponsor: Arlington Comm for Tourism and Economic Development - ATED

Address: Town Hall City: Arlington State: MA Zip: 02474

Applicant Name: Ed Blundell Tel#: 914-475-0104

E-mail: edwardmblundell@gmail.com

Event Manager: Ed Blundell Contact Info: same

Other Contact Person/s: Angela Olszewski Contact Info: 781-640-8882

Event Information

☐ Run/Walk ☐ Parade ■ Event

Event Title: Live Arts at the Arlington Visitor Center - (repeating Sundays through mid- October)

Start Date & Time(s): Sept 7, 2025 @ 12:15p.m. End Date & Time(s): Mid-October, 2025 @ 1:45 pm

Estimated Attendance: # 35 Admission Fee: 0

Open to the Public: ■ Yes ☐ No

Requested Location: Street (specify): Visitor Center Green area, off back deck.

Other (specify): We plan to have an event each Sunday, same spot, same times.

Set Up Date/Time & Description: Noon, involves limited amplification for small acoustic music groups, local artists or poets.

Breakdown Date/Time & Description: 1:45 pm

NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS

NA - Fixed location at the Visitor Center deck and Lawn.

Event Details

YES	NO	
☑	☐	Will you set up table(s) and/or chair(s)? Approximate number : 6
☐	☑	Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): Visitor Center
☐	☑	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)