



Application for a Special Event Street Closing Permit  
City of Lowell, Massachusetts  
Cultural Affairs and Special Events

**EVENT ORGANIZER INFO**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EVENT INFO**

Event Name/Title: \_\_\_\_\_  
DATE of EVENT: \_\_\_\_\_ TIME of EVENT: \_\_\_\_\_

Will you serve alcohol at your event?                      Yes                      No (If yes, please attach copy of liquor license here.)

**CLOSURES REQUESTED**

Start Date of Closure: \_\_\_\_\_ End Date of Closure: \_\_\_\_\_  
Closure Start Time: \_\_\_\_\_ Closure End Time: \_\_\_\_\_

*Event street closure requested for:*

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date

**REQUIRED DOCUMENTS:**

Certificate of Liability Insurance naming the City of Lowell as an additionally insured  
Check, made payable to the City of Lowell in the amount of \$75 (No permit will be issued without received payment)  
Map of area/street closure requested

**APPROVALS NEEDED:**

\_\_\_\_\_  
Special Events Coordinator (first signature) / Date

\_\_\_\_\_  
Engineering Department

\_\_\_\_\_  
Transportation Engineer

\_\_\_\_\_  
Traffic Control Officer

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Parking Director

\_\_\_\_\_  
Special Events Coordinator (last signature)