



# City of Lowell

JFK Civic Center, 50 Arcand Drive, Lowell MA 01852

Roberto Dei

Cultural Affairs & Special Events

## One Day Special Event Application

DATE OF REQUEST: \_\_\_\_\_

APPLICANT NAME (organization): \_\_\_\_\_

CONTACT NAME (If different): \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE of EVENT: \_\_\_\_\_ TIME of EVENT: \_\_\_\_\_

TYPE of EVENT:

Filming	Road Race	Walk-A-Thon	Procession	Assemblage
Festival	Block Party	Other	If Other: _____	

### ABOUT YOUR EVENT

**Set Up Starting Time:**

**Clean Up End Time:**

Will this event require a street closing permit?	Yes	No (If yes, please complete Street Closing Application)
Will you serve Alcohol?	Yes	No (If yes, please apply for a One Day Full or Limited Liquor License)
Will there be Live Music and Sound?	Yes	No (If yes, please apply for a One Day Amplified Music License)
Is the event held in a Public Park?	Yes	No (If yes, please reserve the park via <a href="http://www.lowellrec.com">www.lowellrec.com</a> )
Will you serve Food at your event?	Yes	No (If yes, please apply for a Temporary Food Permit)

**General Event Description** (Brief description and webpage info, maps and site plans, attach if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_

Expected Participants: \_\_\_\_\_ Spectators \_\_\_\_\_

E-mail: [rdei@lowellma.gov](mailto:rdei@lowellma.gov)

Tel: 978-674-1482

Fax: (978) 446-7014