



ALL - A M E R I C A C I T Y W I N N E R

City of Lowell
Office of the City Manager

City Hall
375 Merrimack Street
Lowell, Massachusetts 01852
www.ci.lowell.ma.us

SPECIAL EVENT PERMIT REQUEST

T.J. McCarthy
Assistant City Manager/
Operations

DATE OF REQUEST: _____
ORGANIZATION / PERSON: _____
ADDRESS: _____

tel: 978-970-4000
fax: 978-970-4007

CONTACT PERSON: _____
TELEPHONE NUMBER: _____

Andrew E. St. Onge, Jr.
Special Events Coordinator

tel: 978-970-4257
fax: 978-970-4007

TYPE OF EVENT PLANNED: FILMING _____ ROAD RACE _____
PROCESSION _____ WALK-A-THON _____
ASSEMBLAGE _____ FESTIVAL _____
BLOCK PARTY _____ OTHER _____

DATE (S): _____
STARTING / ENDING TIMES: _____
ROUTE (IF APPLICABLE): _____

EVENT DETAILS: _____

WILL ALCOHOL BE SERVED DURING THIS EVENT? YES _____ NO _____

WILL THIS EVENT REQUIRE A STREET CLOSING PERMIT? YES _____ NO _____

TERMS AND CONDITIONS
(IF GRANTED)

SIGNATURE: _____