



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

EVENT ORGANIZER INFO

Name: _____ Organization: _____
Address: _____ City: _____ MA: _____ 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)