



Town of Lynnfield Application for Car Wash

Applicant Name: _____

Address: _____

Daytime Phone: _____ Cell: _____ Email: _____

Organization: _____

Organization Address: _____

Is the organization not-for-profit organization (Y/N) ____ Does it have 501(c)(3) status (Y/N) ____

Date of event: _____ **DATE MUST BE A SUNDAY due to business and traffic**

Name of adult who will be on site during event: _____

Cell: _____

Requests must be made 30 days in advance to ensure time for review and approval in a regularly scheduled Board of Selectmen meeting. Participants are not allowed to stand in the street or on a traffic island. No use of bullhorns, amplification systems or any other loud devices or distracting items that may pose a hazard to motorists, pedestrians or car wash participants. An adult age 21 or older must be on the site

*****NO RAIN DATES can be accommodated due to the volume of requests*****

Signature of Applicant: _____ Date: _____

For Internal Use Only:

Fire Department approval: ____ denial: ____ Date: _____