

DATE 2015 OCT 13 PM 2 03

To the honorable, the City Council of the City of Cambridge  
The undersigned respectfully pray

OFFICE OF THE CITY CLERK  
CAMBRIDGE, MASSACHUSETTS

HARVARD SQ EYECARE, located at 19 DUNSTER STREET, CAMBRIDGE  
Name of Petitioner or Business Address MA 02138

- Be granted permission for a/an ( ) "A" FRAMED SIGN, (  ) SANDWICH BOARD,  
 ( ) DISPLAY OF MERCHANDISE ( ) Temporary Banners Hung Across Public Way  
 (Abutters approval forms required)  
 ( ) # of TABLES, for restaurant seating ( ) Y ( ) N, ( ) # of CHAIRS REQUESTING ( ) Y ( ) N

Permit Fee: \$75.00 per year renewable on or before March 31

In front of premises numbered 19 Dunster St. Camb MA 02138  
~~198 Elm St Camb MA 02140~~, on  
Address where sign or seating will be

Check the Days off the week

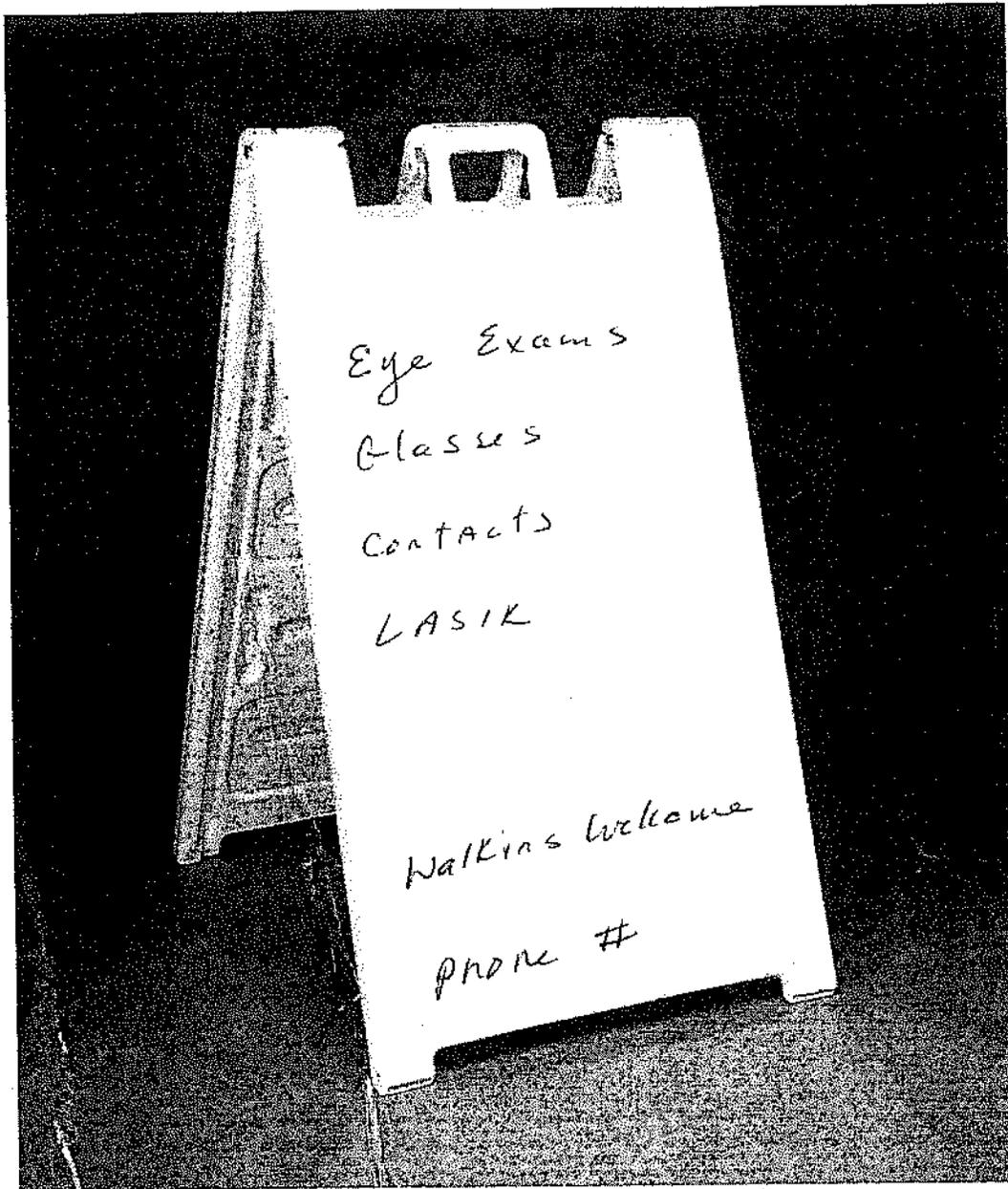
- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Time period : FROM 10 A.M. TO 7 P.M.

Petitioner signature   
 Print name here Lauren J. Dickerman  
 Telephone number 617 312 0272  
 Emergency # 617 312 0272  
 Email Address dr@hseyecare.com

PLEASE ATTACH A SKETCH TO YOUR APPLICATION ILLUSTRATING YOUR REQUEST

Petitioner must also provide and have on record a Certificate of Insurance Coverage (naming the City of Cambridge) as the holder. Coverage amount should be in the sum of 1,000,000.00



Eye Exams

Glasses

CONTACTS

LASIK

Watkins welcome

PHONE #