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DATE 9/12/13

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

Harvard Square Business Assoc. located at 18 Brattle St. Suite 352
Name of Petitioner or Business Address

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 JFK St. @ Mt. Auburn Street, on
Address where sign or seating will be

Check the Days off the week

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time period: FROM _____ A.M. TO _____ P.M.

Petitioner signature [Signature]
Print name here Bill Mantey
Telephone number 617-491-3434
Emergency # 617-832-0641
Email Address wmantey@harvardsquare.com

September 30 -
October 14, 2013

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

DATE 9/2/13

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

Harvard Square Business located at 18 Brattle St., Suite 352
Name of Petitioner or Business Assoc. Address

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 Massachusetts Ave @ City Hall
Address where sign or seating will be

Check the Days off the week

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time period: FROM _____ A.M. TO _____ P.M.

Petitioner signature [Signature] September 30th
Print name here Bill Mantley October 14th
Telephone number 617-491-3484
Emergency # 617-852-0641
Email Address wmantley@harvardsquare.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