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DATE July 20, 2011

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

Work Out World, located at 127 Smith Place
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 Concord Ave and Smith Place, on
Address where sign or seating will be

Check the Days off the week

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time period : FROM 9 A.M. TO 7 P.M.

Petitioner signature Amy Ferns

Print name here Amy Ferns

Telephone number 617 945 1413

Emergency # 617 233 2698

Email Address Cambridge@blastfitness.com

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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