To the honorable, the City Council of the The undersigned respectfully pray	e City of Cambridg	e		
, located at				
Name of Petitioner or Business		Address		
Be granted permission for a/an () "A"	FRAMED SIGN,	() SANDV	VICH BOARD,	
() DISPLAY OF MERCHANDISE (() Temporary Ba (Abutters app	_	=	
() # of TABLES, for restaurant seating	()Y()N, () # of CHA	IRS REQUESTING () Y () N
Permit Fee: \$75.00 per year renewab	le on or before M	arch 31		
In front of premises numberedAdo	dress where sign (or seating wil	l be	_. , on
Check the Days off the week				
Monday Tuesday Wednesday	Thursday	Friday	Saturday	Sunday
Time period : FRO	OMA.M.	то	P.M.	
Petitioner signature		_		
Print name here		_		
Telephone number		<u></u>		
Emergency #		_		
Email Address				

DATE_____

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