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TO THE HONORABLE, THE CITY COUNCIL OF THE
CITY OF CAMBRIDGE:

THE UNDERSIGNED RESPECTFULLY PRAY

The Teen Health Center, LOCATED AT 459 Broadway,
NAME OF PETITIONER OR BUSINESS ADDRESS

BE GRANTED PERMISSION FOR A/AN ( ) "A" FRAMED SIGN, (X) TABLE,

( ) SANDWICH BOARD, ( ) DISPLAY OF MERCHANDISE.

IN FRONT OF PREMISES NUMBERED Zero Harvard Square, ON
ADDRESS WHERE SIGN WILL BE

Alternate Fridays, FROM 2 PM A.M. TO 8 PM.
Spring, Summer and Fall, weather permitting

PETITIONER'S SIGNATURE

Michael Stone-Molloy
PRINT NAME HERE

(617) 498-1548
PHONE NUMBER

PLEASE ATTACH A SKETCH OF YOUR SIGN TO YOUR APPLICATION

Consent Communications #33 H-134

Petition was received from the Teen Health Center, requesting permission for a table at the premises numbered Zero Harvard Square.

In City Council August 4, 1997

Referred to city Manager with power