3

Cambridge, March 17 1994

To the Honorable, the City Council of the
City of Cambridge:

The undersigned respectfully pray

Tobacco Control Program of Cambridge
Department of Health and Hospitals, LOCATED AT 5th Fl. Macht Bldg., 1493 Cambridge St.
NAME OF PETITIONER OR BUSINESS ADDRESS Cambridge 02139
Along with Cambridge United for Smoking Prevention (of the Dept. of Human Services)
BE GRANTED PERMISSION FOR A/AN ( ) "A" FRAMED SIGN, (X) TABLE,

( ) SANDWICH BOARD, (X) DISPLAY OF ~~MERCHANDISE.~~ Educational Materials (free)

IN FRONT OF PREMISES NUMBERED 1 Central Square, ON
ADDRESS WHERE SIGN WILL BE

Thursday, May 12 (May 13 raindate), FROM 11:30 AM TO 2:00 PM.

Caroline Cranos
PETITIONER'S SIGNATURE

Caroline Cranos
OFPRINT NAME HERE

PLEASE PROVIDE A SKETCH
YOUR SIGN HERE

( ) 498-1486
TELEPHONE #

( ) 498-1518
ADDITIONAL PHONE #

RECEIVED BY
CITY CLERK
CAMBRIDGE MA.
'94 MAR 23 PM 4:40

PETITION

of _____

for _____

No. _____

_____ 19

In City Council, 19:

Referred to the Committee on

Attest:

City Clerk.

Cambridge, March 17 1994

To the Honorable, the City Council of the
City of Cambridge:

The undersigned respectfully pray

Tobacco Control Program of Cambridge
Department of Health and Hospitals, LOCATED AT 5th Fl. Macht Bldg., 1493 Cambridge St.
NAME OF PETITIONER OR BUSINESS ADDRESS Cambridge 02139
Along with Cambridge United for Smoking Prevention (of the Dept. of Human Services)
BE GRANTED PERMISSION FOR A/AN ( ) "A" FRAMED SIGN, (X) TABLE,

( ) SANDWICH BOARD, (χ) DISPLAY OF ~~MERCHANDISE.~~ Educational Materials (free)

IN FRONT OF PREMISES NUMBERED 1 Central Square ,ON
ADDRESS WHERE SIGN WILL BE

Thursday May 26 (May 27 raindate), FROM 11:30 AM TO 2:00 PM.

Caroline Cranos
PETITIONER'S SIGNATURE

Caroline Cranos
OFPRINT NAME HERE

PLEASE PROVIDE A SKETCH
YOUR SIGN HERE

( ) 498-1486
TELEPHONE #

( ) 498-1518
ADDITIONAL PHONE #

RECEIVED BY
CITY CLERK
'94 MAR 28 PM 4:40
CAMBRIDGE MA.

PETITION

of _____

for _____

No. _____

_____ 19

In City Council, 19:

Referred to the Committee on

Attest:

City Clerk.

Cambridge, March 17 1994

To the Honorable, the City Council of the
City of Cambridge:

The undersigned respectfully pray

Tobacco Control Program of Cambridge
Department of Health and Hospitals, LOCATED AT 5th Fl. Macht Bldg., 1493 Cambridge St.
NAME OF PETITIONER OR BUSINESS ADDRESS Cambridge 02139
Along with Cambridge United for Smoking Prevention (of the Dept. of Human Services)
BE GRANTED PERMISSION FOR A/AN ( ) "A" FRAMED SIGN, (X) TABLE,

( ) SANDWICH BOARD, (X) DISPLAY OF ~~MERCHANDISE.~~ Educational Materials (free)

IN FRONT OF PREMISES NUMBERED ~~1 Central Square~~, ON
ADDRESS WHERE SIGN WILL BE

Tuesday, May 31
, FROM 8:00 AM TO 2:00 PM.

Caroline Cranos
PETITIONER'S SIGNATURE

Caroline Cranos
OFPRINT NAME HERE

PLEASE PROVIDE A SKETCH
YOUR SIGN HERE

( ) 498-1486
TELEPHONE #

( ) 498-1518
ADDITIONAL PHONE #

RECEIVED BY
CITY CLERK'S
OFFICE
CAMBRIDGE MA.
1994 MAR 28 PM 4:40

Cons. Comm #3

H 25

PETITION

of Tobacco Control Program Cambridge H&H

for Table

No. 1 Central Square

March 28 19 94

In City Council, April 4, 19 94

Referred to the Committee on

Attest:

City Clerk.

Referred to City Mgr w/ power