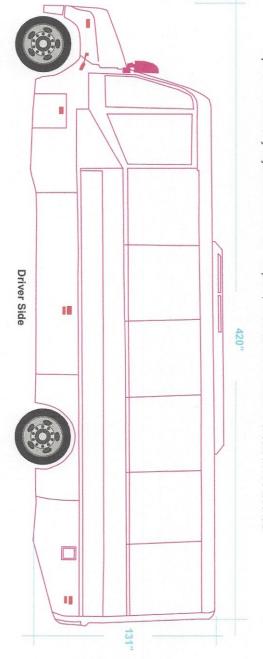
STREET USE PERMIT APPLICATION

EVENT INFORMATION				
Name of Event: Kollege Klub Party Bus				
Event Organizer/Sponsor: Allied Advertising Limited F	artnership dba Allied Integra	ated Marketing		
Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sale OPTIONAL: Federal Ta	x Exempt Number:	name of the same o	Yes	
Address: 55 Cambridge Parkway, Suite 200				
City/State/Zip: Cambridge, MA 02142				
Primary Contact: Tobias Shapiro	Work Phone: 612-81	12-9218		
Email: tobias@healylocations.com	Phone During Event:	612-812-9218		
Website: alliedim.com	FAX:			
Secondary Contact: Charlie Zalben	Work Phone: 917-678-5690			
Email: charlie@thezalbens.com	Phone During Event:	917-678-5690		
Annual Event?			☐ Yes	⊠ No
Charitable Event? If Yes, Name of charity to receive donations:			Yes	⊠ No
Estimated Attendance: 50	(CERTIFICA	TE OF INSURANCE	MAY BE RE	QUIRED)
Public Amplification? (not allowed after 11 p.m.): Hours: to			Yes	⊠ No
EVENT CATEGORY				
☐ Run/Walk☐ Music/Concert☐ Festival☐ Other:☐ Party Bus at the Kollege Klub 529 N. Lake				
LOCATION REQUESTED				
☐ Capitol Square (note specific blocks below) ☐ 30 on the Square (aka top of 100 block of State Street)	Other (specific blocks/s	streets requested		n#
Street Names and Block Numbers: Park 35' long Part	y bus/nooded meters at Koll	lege Klub 529 N.	Lake Stree	<u> 16</u>
EVENT DATE(S)/SCHEDULE				
Date(s) of Event: 3/16/18	Event Start and End Times	s: 3:30pm-6	3pm	-
Rain Date (if any): N.A.	Set-Up Start Time: 8	Bam		
	Take-Down Start Time and TAKE-DOWN	d End Times: I TIME: START TO S		
Will sponsor apply for temporary class B license to serve or If class B license is denied, will the event(s) occur?	sell beer/wine for this event	?	☐ Yes ☐ Yes	⊠ No □ No
By initialing, I/we waive the 21-day decision require	ment.			
APPLICATION SIGNATURE				
BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HAF EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	RMLESS AGAINST ALL CLAIMS, L OR DEATH OF ANY PERSON OI	JABILITY, LOSS, DA	MAGE, OR	
LOCA		2/28	10	
Applicant Signature MA	SGER Date	2/20	10	

Notes for the designer:

- Illustrator files or photoshop files ONLY
 Remember to outline all the fonts and include them in a folder within the project.
- 3.) Do not put any text or face images over the red areas on the template.
 4.) Please embed all raster images and include them in a seprate folder within the project.
 5.) Include at least 3" of bleed on all four sides of the art.
 6.) Always use CMYK for your document color mode.
 7.) Specify all PMS colors (Coated)

- 8.) When designing on top of the template design in layers "layers are good".9.) Do not move any objects on the vehicle template, those items are fixed and should not be touched.



101.1168"

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Back







102.0441"

