

**CITY OF LAWRENCE, KANSAS
APPLICATION AND PERMIT
USE OF PUBLIC RIGHT-OF-WAY**

Downtown Lawrence, Inc.

NAME OF APPLICANT

DATE: 4 / 24 / 10 FROM - TIME: 1 : 00 pm TO - TIME: 6 : 00 pm

DATE: / / FROM - TIME: : TO - TIME: :

DATE: / / FROM - TIME: : TO - TIME: :

LOCATION OF USE: Eighth Street from Massachusetts east to the alley

IS APPLICANT OWNER OF ADJOINING PROPERTY? YES NO X

IF NOT, ATTACH WRITTEN PERMISSION OF OWNER

TYPE & PURPOSE:
OF USE: Kids Fun Zone—set-up of inflatable toys

IDENTIFY THE USE OF RIGHT-OF-WAY: *(Including the site plan on the reverse side showing structures, table or other items to be located on the R-O-W)*

KU Athletics will set-up their inflatable toys and provide
Supervision.

Proof of Insurance that the applicant has obtained general liability insurance in the amount of \$500,000.00 with the City as a named insured, for the described activity and a \$10.00 filing fee must accompany this application.

Jane Pennington (785) 842-3883

NAME OF PERSON COMPLETING APPLICATION TELEPHONE NO.: HOME

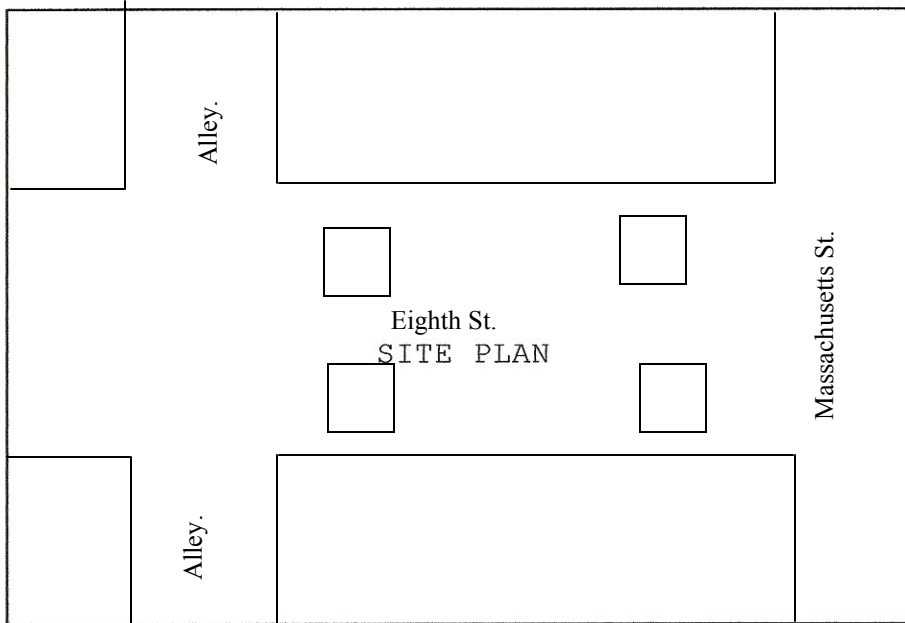
() -
TELEPHONE NO.: WORK

900 Massachusetts St., Ste 100, Lawrence, KS 66044

ADD-----


SIGNATURE

4 / 16 / 10
DATE



**USE OF THE PUBLIC RIGHT-OF-WAY
PERMIT
TO BE COMPLETED BY CITY**

AT: _____
(LOCATION)

BY: _____ ON
(APPLICANT)

DATE: ____/____/____ FROM - TIME: ____:____ TO - TIME: ____:____ IS
APPROVED.

DATE: ____/____/____ FROM - TIME: ____:____ TO - TIME: ____:____

DATE: ____/____/____ FROM - TIME: ____:____ TO - TIME: ____:____

CITY MANAGER

_____/_____/_____
DATE

SPECIAL CONDITIONS

This permit should be prominently displayed where the Public Right-of-Way is being used or be available for review by any officer or employee of the City of Lawrence upon demand.

This permit may be revoked or suspended as provided by Law.