## **CSD Banner Permit Application**

Date:											
Name: Address: Phone:											
							er Descripti				LVE
Location	:										
Please reference the map to the right and indicate your desired space number in the table below. Slots begin at 12:00pm on Mondays and end at 10:00am on the following Monday. A maximum of 4 total slots can be reserved per calendar year with a maximum of 2 concurrent slots at one time.					Stanford						
					#E2		#E1				
Space #	Start Date		End Date					Alma			
	Monday,	ı	Monday,		#E3	5	#E4		#U1	#U2	#U3
	Monday,		Monday,			Embarcadero				sity	
	Monday,		Monday,			barc				University	
	Monday,	Monday				E		101		2 D	
Payment	•										
# of Slots		For Profit		Non-Profit			s are one w	•	•	•	
1		\$62		\$31		_	Monday at and \$62 pe			-	•
2		\$124		\$62			banner slot				
3		\$186		\$93			ompleted a				_
4		\$248		\$124	For n	nore in	formation,	please ca	II 650-40	53-4900	•
☐ City S <sub>l</sub>	oonsored	City Conta	act					Phon	е		
Signatur	e:										
Applicant's Signature								Da	te		

**Expiration Date** 

Last 4 Digits of Credit Card / CVV