

NEW YORK CITY DEPARTMENT OF EDUCATION

PO 68 (Revised 7/90) PDS-68-ENR-1 BK 03K 7

PERMIT APPLICATION - SCHOOL BUILDINGS

PERMIT NUMBER K 02047

NAME OF APPLICANT ORGANIZATION
 CITY SCOTT ARLD
 STATE NY
 ZIP CODE 10015
 MAILING ADDRESS
 43 SUMNER STREET MANHATTAN NY 10013
 NAME AND TITLE OF AUTHORIZED REPRESENTATIVE OF ORGANIZATION
 LARRY ACKERMAN DIRECTOR
 FROM DATE (MM/DD/YY) TO DATE (MM/DD/YY)
 PERMIT PERIOD 10/24/06 10/26/06
 NUMBER REGISTERED 042
 SIGNATURE OF REPRESENTATIVE [Signature] DATE 5/23/06

We agree to observe all the rules and regulations contained in the S.O.P.M. chapter on *Extended Use of School Buildings*, and to conform to all applicable New York State laws and regulations governing the extended use of school buildings and exercise the utmost care in the use of school premises and property; to make good any damage arising from the occupancy of any portion of the school premises; to provide adequate supervision of the activity at all times; and to save the Department of Education from any claim, loss or damage by reason of any act on the part of the applicant, its members, officers, agents, or any person using the premises for the invitation of the applicant. We understand that rates are subject to change by the Department of Education, and the fees are subject to change by the Community School Board.

SPECIAL REQUESTS
 WILL USE INVOLVE ANY OF THE FOLLOWING?
 Check (✓) appropriate box if answer is YES
 Admission fee Shop Rooms
 Swimming Pool Home Economics Room
 Stage Scenery Public Assembly
 Other

BORO SCHOOL PERMIT NUMBER DATE (MM/DD/YY) DISTRICT NAME OF CUST. ENGINEER
 M 531 K 02047 02 06 06 02 STEPHEN BROWN
 CITY STATE ZIP CODE
 411 PEACOCK STREET NEW YORK NY 10013

TELEPHONE NUMBER
 (212) 342-1514

DAYS OF WEEK	DATES OF USE		TIME OF USE		DAILY SPACE							SPECIAL SERVICE ENTER TITLE RATE CODE AND HOURS	FEES FOR SERVICE								
	FROM ENTER DATE (MM/DD/YY)	TO ENTER DATE (MM/DD/YY)	FROM ENTER TIME & CIRCLE AM or PM	TO ENTER TIME & CIRCLE AM or PM	A	B	C	D	E	F	G		H	I	J	K	L	M	N	SPACE AND SERVICE	CHARGED RATE
SUN	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
MON	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
TUE	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
WED	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
THU	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
FRI	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
SAT	10/24/06	10/24/06	8:00 AM	3:00 PM	1																
SUN	10/24/06	10/24/06	8:00 AM	3:00 PM	1																

TO BE COMPLETED BY DISTRICT QUICK CODE LINE
 DISTRICT OFFICE 910 0241020 6800

GRAND TOTAL \$1004.06

TO BE COMPLETED IF AN ADMISSION FEE IS TO BE CHARGED
 Amount of admission fee \$ 0
 Name and address of recognized educational, charitable or philanthropic organization designated as beneficiary of profits, if any, resulting from admission charges.

6. SPACE AND STAFF ARE AVAILABLE:
 SIGNATURE OF CUST. ENGINEER [Signature] DATE
 SIGNATURE OF PRINCIPAL [Signature] DATE
 SIGNATURE OF TEACHER IN CHARGE (Continuing Education Only) DATE
 SIGNATURE OF SUPERVISOR (Continuing Education Only) DATE

We hereby agree to permit the Department of Education to inspect our records for the purposes of ascertaining the amount of income realized from admission fees and whether proper remittance has been made to the beneficiary organization.
 SIGNATURE OF AUTHORIZED REPRESENTATIVE [Signature]

Special Services must be discussed with the custodian at the time the permit application is submitted and the principal must be informed of such special services.