# APPLICATION FOR BUSINESS PARKING PERMIT

*(Please print all Information)*

**Name:** _____

**Business Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

| VEHICLE INFORMATION Your application will not be processed unless you provide a copy of the vehicle registration | | | | | |
|---|---|---|---|---|---|
| *Make* | *Model* | *Year* | *Color* | *License Plate Number* | *State* |
|  |  |  |  |  |  |

| PERMIT REQUEST *(Please check one)* | | | | | |
|---|---|---|---|---|---|
|  | *RESIDENT* |  | *BUSINESS* |  | *OTHER (explain)* |

| LOT REQUESTED *(Please check one)* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
|  | **So. Main** |  | **Stockton** |  | **Brainard** |  | **Market** |  | **Sitgreaves** |

| PERMIT DURATION (Please check one) ( Note: Fee pro-rated based on date of payment ) | | | |
|---|---|---|---|
|  | **Annual  $60.00** **(expires December 31, 20__)** |  | **If purchased after January 31 – fee would be $5.00 per remaining month** |

| **FOR OFFICE USE ONLY** | | |
|---|---|---|
| Date: | Permit Number | Fee Received |
|  |  |  |

| Type of Payment | | | |
|---|---|---|---|
| | **Check** (Check No.) | | **Cash** |
| **Transaction by:** | | **Date:** | |