



CITY OF SAND CITY ADMINISTRATION DEPARTMENT

Commercial Parking Sticker Application Form

(SCMC Section 10.08.050)

APPLICANT / VEHICLE OWNER:

Name: _____

Mailing Address: _____
Street City State Zip

Phone Number:() _____ Fax Number (if any):() _____

E-Mail Address: _____

VEHICLE INFORMATION: (List all vehicles that are to receive a permit)

Business Name: _____
(Business must be located within Sand City)

Business Address: _____
Street/Unit City

City Business Licence Number: _____

Number Parking Permits requested: _____
(1 permit per vehicle)

Type(s) of Vehicle(s) for Parking Permit: _____

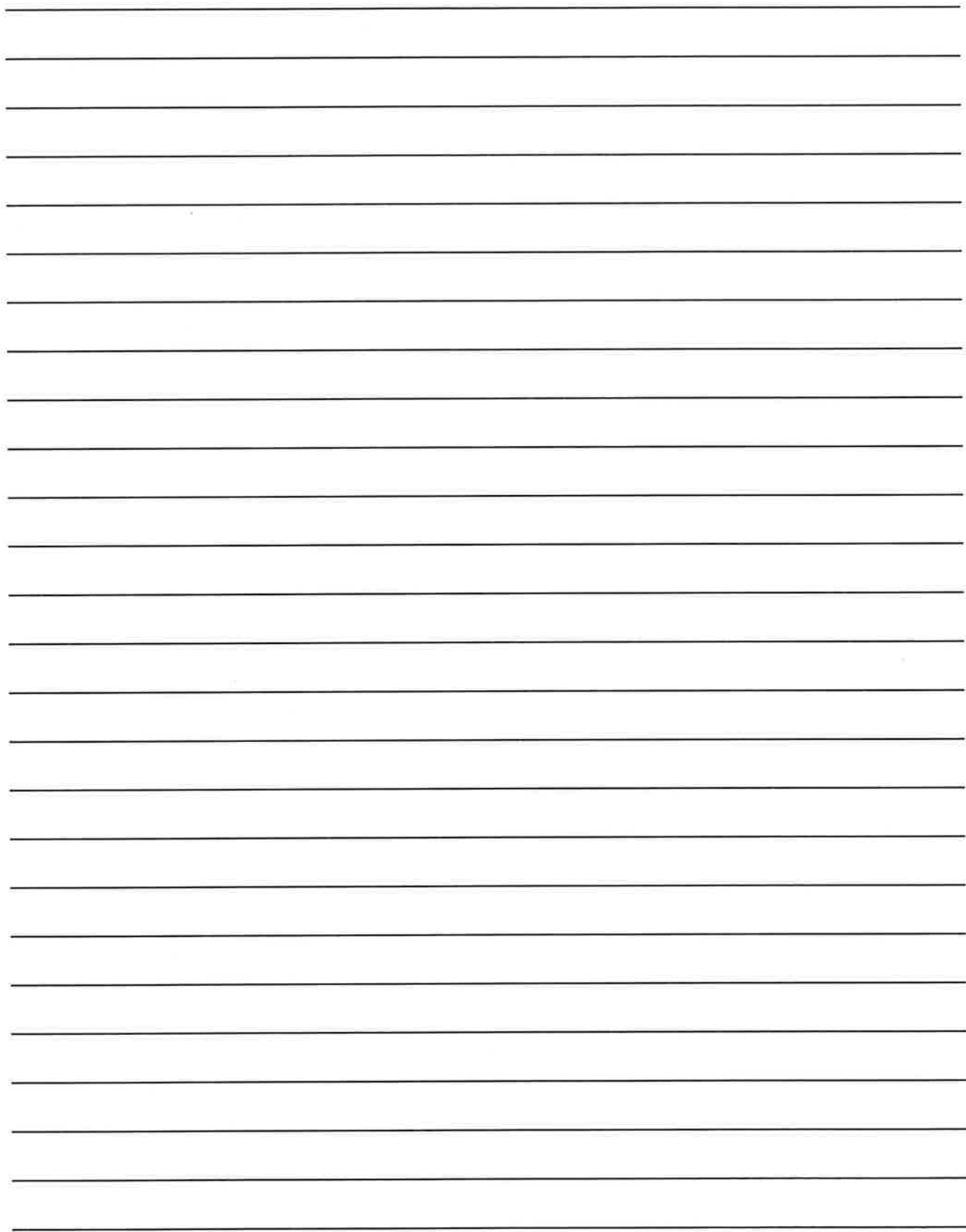
Vehicle(s) Licence Plate Number: _____

Use back of this sheet or attach additional paper if necessary.

If your business has been issued a zoning/land use permit, list the permit numbers: _____

PLEASE READ: Criteria a Parking Permit:

1. Vehicles must be associated with a legal business located within Sand City.
2. Businesses must have, and maintain, a current City Business License.
3. Applicant must prove a business related "need" for parking within City streets, and an inability/inaccessibility for off-street parking. Failure to provide adequate proof shall be adequate grounds for denial of application.
4. Trailers are prohibited from receiving a parking permit (Ordinance Section 10.08.040.C.1)
5. Parking Permits expire 1 year from issuance, and must be annually renewed thereafter.
6. The number of parking permits to be issued is limited, subject to the discretion of Community Development Director.
7. Payment of Parking Permit Fee, as established by the City Council, is required.
8. An application cannot be accepted by the City without the signature of the applicant. Failure to provide a valid signature (at a minimum) may qualify this application as "incomplete."



CONSENT AND CERTIFICATION:

Applicant's Attestation: I/We state that as the applicant(s) here described, I/we have read and completed this application and know the contents herein. I/We declare that the information contained in this application and other supporting material submitted herewithin are true and correct to the best of my/our knowledge.

Signature of Applicant

Date

CITY STAFF USE ONLY:

Received by: _____

Date application submitted: _____

Date application deemed "complete": _____

Application Fees Paid: _____

Receipt Number: _____

Staff Notes: _____

CITY STAFF'S APPROVAL:

Based upon the information provided by the applicant on this permit application for a Parking Permit, a Parking Permit may ____, or may not ____, be issued for the proposed use as authorized.

City Administrator or Designated City Agent

Date