



PARKING SERVICES

2020-21

RESIDENTIAL BUSINESS PERMIT APPLICATION

Did you have permits last year? YES NO

Business Name _____ Telephone Number _____

Business Type Property Management Lodging/Nightly Rental Service Related

Business Street Address _____

Business Mailing Address if Different _____

Principal Contact

Printed Name _____ Telephone Number _____

E-mail Address _____

**Please attach copy of Current Business License to this application.
Please attach letter describing valid business need for parking in residential permit zone(s).**

I understand and agree that parking permits are issued under, and subject to the provisions of Title 9 of the Park City Municipal Code. I agree that failure to adhere to the provisions of Title 9 may result in suspension or revocation of permits and permit privileges. I understand that permits issued under this application are valid only in the residential zone of issue while visiting an address in that zone and are not valid in any paid parking areas. I understand Short Term Lodging Permits shall not be used for employee parking or construction related parking, and shall not be resold.

Signature _____ Date _____

FOR OFFICE USE

Permit Numbers _____ Date _____ Initials _____

7 DAY LODGING PERMITS ISSUED

Permit Numbers _____ Date/Initials _____ Permit Numbers _____ Date/Initials _____ Permit Numbers _____ Date/Initials _____

Permit Numbers _____ Date/Initials _____ Permit Numbers _____ Date/Initials _____ Permit Numbers _____ Date/Initials _____

Circle Permit Type **H** – Property Management **P** – Property Management **X** - Other (Specify Use) _____