ZONE C

Permit Year October 1- September 30

HOMESTEAD BUSINESS APPLICATION

AREA PARKING PERMITS ISSUED BY MAIL ONLY

Complete the following information:

Business Name_____

Address_____

Phone_____ Contact Name_____

Mailing Address (if different)_____Apt #_____#

All applicants must attach a photocopy of either a rental contract or utility bill as proof of doing business in the area. This proof must show your firm name, address, and be dated within the past 30 days.

The number of worker permits issued to your business is calculated from the payroll information you submit. Please attach a payroll record or a list of employees and the hours each employee works (maximum 40 hours per employee per week). To know your allotment, add the total hours worked by all your employees and divide that number by 40, then divide that number in half (round up if it is an uneven number). This is the number of permits you are eligible to purchase.

Maximum 40 Hours Per Employee

Full/Part Time Employees Total Hours =_____ ÷ by 40

=_____ ÷ by 2 =_____Total Permit(s)

ORDER PERMITS All permits are $60 each ($30 after 4/1).

BUSINESS PERMITS ..... _____ = $_____

MOTORCYCLES ..... _____ = $_____
(include DMV registration)

GUEST PERMITS(limit one per address) ..... _____ =$

Limited to 5 days pre single vehicle.

TOTAL _____ = $_____
Permits

Please Read and Sign on Reverse

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FOR OFFICE USE ONLY

By applying for this permit and signing this application, the undersigned agrees to the following:

- All the information on this form (and any supplemental information I have provided) is true and correct.
- We may not purchase business permit decals if we are leasing or renting out our off-street parking that could otherwise be used for our workers.
- We understand that all permits remain the property of the City of Portland and their use may be revoked if improper use is demonstrated.
- To assign any guest permit I obtain to persons **only** during periods when they are **ACTUALLY** visiting at my business. For legitimate guests who plan on staying more than 5 days, Please Call the Program Administrator at (503) 823-5412.

Violation of any of these understandings may result in the immediate cancellation of the permit(s) in question. After cancellation, any vehicle found parked in the permit area displaying a canceled permit will be cited.

_____ _____

I swear or affirm that the information on this application is true and correct. **Date**

Applications submitted without complete information will be returned.

MAIL COMPLETED APPLICATION, REQUIRED PROOF, PAYROLL INFORMATION, AND CHECK OR MONEY ORDER (MADE PAYABLE TO CITY OF PORTLAND) TO: PPR/CUSTOMER SERVICE, 1120 SW 5TH AVENUE ROOM 1302, PORTLAND OR 97204 : ☎: (503) 823-6841 OR (503) 823-7190

Make checks or money orders payable to City of Portland.

To Pay with Visa or MasterCard, please enter your card information in the spaces provided below.

Credit Card charges will read "Portland Parks and Recreation" Card expiration date____/____/____

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Name on Card_____