



APPLICATION FOR MONTHLY PARKING

STARTING DATE	Account Number
/ /	

Garage Name and address	
RATE IN \$	

Vehicle type

<input type="checkbox"/> Car	<input type="checkbox"/> Van
<input type="checkbox"/> Oversized	<input type="checkbox"/> Truck
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Bicycle

Type of Account

<input type="checkbox"/> 24/h parking	<input type="checkbox"/> Park and lock
<input type="checkbox"/> Daily parker	<input type="checkbox"/> Night parker

CUSTOMER TO COMPLETE THIS SECTION

DRIVER INFORMATION

Last Name		First Name		Company, Suite#		Street address	
Apt #	City	State	Zip Code	Business Phone		Evening telephone	
E-mail address		Driver's License		State Issued	Additional authorized drivers		

VEHICLE INFORMATION

Plate#	State	Color
Year / Make		Model

Patrons hereby acknowledges a and represents that he/she has read, and understands, and agrees with the terms and conditions set forth on this page and upon the reverse side hereof.

SIGNATURE: _____ DATE: _____ Employee Initial: _____

The NYC Finance Administration requires the form imprinted below to be completed by all flat-rate monthly tenants.

DATE: _____

Name of Garage Operator : _____ Address of Garage: _____

The undersigned hereby certifies that he (it) has been assigned and is using specific space at the above parking lot for a monthly or longer term for the parking of a motor vehicle used in the conduct of a business or profession, as follows:

Assigned Space (if any): _____ Vehicle Reg. No# _____

The foregoing statement are true : _____ Signature of Vehicle Owner _____

Signature of Garage Owner : _____ Address: _____

Note: A vehicle owner engaged in commercial activity and Type of Business: _____

occupying assigned space in a garage is subject to the Commercial Rent or Occupancy Tax Law and is required to file returns and pay tax imposed by said law. NYC Commercial Rent Registration Number _____