

APPLICATION

EMPLOYEE PARKING PERMIT

PARKING FIELD'S # 1-3-4-5-6

APPROVED () REJECTED ()

ANNUAL () SEMI-ANNUAL () QUARTERLY ()

PERMIT WILL ONLY BE ISSUED TO PERSONS WHOSE PRIMARY PLACE OF EMPLOYMENT IS WITHIN THE VILLAGE OF GREAT NECK. PLEASE ATTACH A VALID COPY OF YOUR DRIVERS LICENSE AND REGISTRATION. ALL OUTSTANDING PARKING VIOLATIONS SHALL BE PAID BEFORE ANY APPLICATION IS ACCEPTED

NAME: _____ PHONE NO. #: _____

ADDRESS: _____ APT#: _____

PLACE OF EMPLOYMENT: _____

PLATE NO. _____ BODY TYPE _____ COLOR _____

MAKE OF VEHICLE _____ STATE _____ YEAR _____

Does there presently exist, at your place of employment, available on-site parking? YES () NO ()

Do you agree to the terms posted on the reverse of this application? YES () NO () Initial(s) _____

I hereby make application to the Village of Great Neck for an **EMPLOYEE** Parking Permit. **I agree to park in designated areas ONLY**, and abide by all the regulations printed on the reverse side of this application, including observing all traffic regulations applicable to all Village Parking fields.

EMPLOYEE SIGNATURE _____ DATE _____

TO BE COMPLETED BY EMPLOYER

COMPANY NAME _____ PHONE NO# _____

ADDRESS: _____

OWNER/MANAGER NAME: _____ TITLE: _____

Is the applicant listed above currently employed with your company/business? YES () NO ()

I hereby swear/affirm that all statements and representations are herein true and correct. I understand that any misrepresentation(s) made in this application would constitute this making, by myself, of a punishable false written statement, which is a misdemeanor under New York Penal Law 21045, and that I would/could be prosecuted to the fullest extent of the law.

SIGNATURE OF EMPLOYER _____ DATE _____

FOR OFFICIAL USE ONLY

CERTIFICATE OF REGISTRATION SUBMITTED: YES () NO () VALID DRIVERS LICENSE SUBMITTED: YES () NO ()

JUSTICE COURT CLEARANCE: YES () NO () DATE: _____ BY: _____

DATE OF ISSUANCE: _____ EXPIRES: _____ PERMIT #: _____

RECEIPT #: _____ \$ AMOUNT _____ CHECK _____ CASH _____

LOT # _____ NUMBER OF PERMITS ISSUED PER EMPLOYER _____