



Application for Commercial Loading Zone Permit – 2018

DATE: _____

Company Name: _____

Address: _____

Authorized Representative: _____
(Please Print)

Telephone #: _____ **Cell #:** _____

EMAIL: _____

Vehicle Information:

Make: _____ **Model:** _____ **Year:** _____

Color: _____ **License Plate #:** _____ **State:** _____

I, the undersigned, as a duly authorized representative of the above listed business, merchant or commercial establishment agree to the Load/Unloading Permit Rules and Regulations.

Authorized Representative's Signature

PERMIT #: _____