

City of West Hollywood PARKING CREDITS APPLICATION

BUSINESS INFORMATION

Legal Business Name:

DBA (if applicable):

Business License Number:

Fax:

E-mail:

Business Address 1:

Business Address 2:

City:

State:

ZIP Code:

First Name:

Last Name:

Title:

Mobile Phone:

Telephone:

Website:

PROPERTY OWNER INFORMATION

First Name:

Last Name:

Title:

Organization(if applicable):

Property Owner Address 1:

Property Owner Address 2:

City:

State:

ZIP Code:

E-mail:

Mobile Phone:

Telephone:

Fax:

Website:

BILLING ADDRESS

First Name:

Last Name:

Title:

Organization(if applicable):

Billing Address 1:

Billing Address 2:

City:

State:

ZIP Code:

E-mail:

Mobile Phone:

Telephone:

Fax:

Website:

AGREEMENT

Issuance of parking credits does not guarantee approval of any discretionary planning permits required to operate the use. The Current and Historic Preservation Planning Division issues final approval of the discretionary permits.

By submitting this application, you agree to execute a parking credits agreement, provide a copy of your current business license, if applicable, and pay the invoice provided to you within **14 days of your initial parking credits reservation**; otherwise your reservation will be forfeited.

SIGNATURES

Applicant:

Date:

City:

Date: