

CITY OF PASSAIC
OFFICE OF THE CITY CLERK

Weatherly Frías, City Clerk

VALET PARKING LICENSE-(Chapter 295-45)

Term January 1 to December 31

Renewal Application Must Be Submitted By October 1

LICENSE FEE \$100.00

ADDITIONAL \$100.00 FOR EACH 20FT OF CURB SPACE

YEAR _____
NEW
RENEWAL

TOTAL _____
CASH
CHECK NO. _____
CLERK INITIAL _____

VALET COMPANY _____ PHONE NO. _____ EMAIL _____

COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

1) IS THIS APPLICATION ON BEHALF OF AN: INDIVIDUAL CORPORATION PARTNERSHIP LLC

Provide the full names, residences, dates and places of birth of each major officer and each stockholder, the name and address of the registered agent and the address of the principal office upon whom, and where service of process is authorized to be made (the term "stockholder" as used herein means and includes any person having an interest, either legal or equitable, in ten percent (10%) or more of the stock issued and outstanding of the applicant corporation); in the case of another entity, the full names, residence addresses, dates and places of birth of each person owning or having any interest, legal or equitable, aggregating in value ten percent (10%) or more of the total capital of the said entity, the name and address of the registered agent, if any, and the address of the principal office, if any, upon whom and where service is authorized to be made.

A. NAME OF INDIVIDUAL/STOCKHOLDER _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

B. NAME OF INDIVIDUAL/STOCKHOLDER _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

Use more pages if necessary

NAME OF MANAGER _____ EMAIL _____ PHONE NO. _____

Manager or Person authorized to accept legal papers

MANAGER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

2) HAS THE APPLICANT, ANY OF THE PARTNERS, OFFICERS OR STOCKHOLDERS THEREOF EVER BEEN CONVICTED OF A CRIME? NO YES

If yes, provide the name of the person convicted, the nature of the crime or charge involved and the disposition thereof (the term "officers" as used herein means and includes the president, vice president, secretary and treasurer of a corporate applicant).

(Use more pages as needed)

ESTABLISHMENT VALET PARKING

BUSINESS NAME _____ BUSINESS ADDRESS _____

BUSINESS PHONE _____ EMAIL ADDRESS _____

BUSINESS HOURS OF OPERATION _____ DAYS CLOSED _____

3) AMOUNT OF PARKING SPACES: _____ LOCATIONS _____

REQUIREMENTS:

APPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING: (In addition to the above mentioned)

BUSINESS REGISTRATION

NJ SALES TAX CERTIFICATE

TRADE NAME CERTIFICATE

CERTIFICATE OF FORMATION/INCORPORATION

If Applicable

INSURANCE POLICY (INSURED: CITY OF PASSAIC- \$1,000.000)

HOLD HARMLESS AGREEMENT

SCALE DRAWING/LAYOUT- location for parking spaces

PROPERTY SURVEY /PROPERTY DEED

(Plot showing the structures and open spaces/areas to be used in the business, approved existing or proposed entrances and exits to and from the place where the business is to be conducted, the location and place of said business and location and size of all structures and fences thereon and the setback thereof from the street lines.)

FIRST NAME, LAST NAME TITLE OF APPLICANT

SIGNATURE

STATE OF NEW JERSEY:

INSERTED THEREON OR ATTACHED THERETO AND THE INFORMATION IS COMPLETE, ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND BELIEF; I AM AWARE THAT THE CITY OF PASSAIC EXPRESSLY RESERVES THE RIGHT TO REVOKE ANY LICENSE WHICH MAY BE ISSUED HEREUNDER FOR FAILURE TO COMPLY WITH ALL REGULATIONS AND REQUIREMENTS CONTAINED IN THE SAID ORDINANCE AND ALL AMENDMENTS THERETO, AND THAT IN ISSUING ANY LICENSE HEREUNDER THE CITY OF PASSAIC RELIES ON THE REPRESENTATION THAT THIS APPLICATION AND ALL ATTACHMENTS THERETO ARE, IN FACT, COMPLETE, ACCURATE AND TRUTHFUL.

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ OF _____ 20_____

STATE NOTARY PUBLIC