



# TOWN OF NORTH HEMPSTEAD

## Parking Lot 7 Merchant Application

SPACE #: \_\_\_\_\_

I, the undersigned, hereby apply for a parking permit at the LOT 7 Port Washington Parking District (PWPD) Parking Lot. I acknowledge that I have read, and agree to, the following representations, terms and conditions:

- 1) I am the proprietor, or an employee, of a business located in the PWPD known as:

Name of Business \_\_\_\_\_

- 2) I attach two (2) forms of documentary proof\*.

- 3) My duties for my business require me to spend the majority of my working time actually in the PWPD.

- 4) I am applying for a permit for the following vehicle or vehicles, which I will use to go to and from my place of business in Port Washington:

	Vehicle 1	Vehicle 2
Make:	_____	_____
Model:	_____	_____
Color:	_____	_____
License Plate Number:	_____	_____
Registered Owner:	_____	_____
Driver/Employee (if other than owner):	_____	_____

- 5) I understand and accept that, if a permit is issued to me, it will be approved only for the vehicle(s) listed in paragraph 4 above.

- 6) I understand and accept that, parking is only available Monday through Friday from 7 am to 7 pm.

- 7) I understand and accept that permits issued pursuant to this application:

- May not be transferred to any other person or vehicle (violation of this provision will result in immediate revocation of the permit without refund.)
- Permit parking only in the space indicated on the permit. Vehicles without a permit, or parked in the wrong space, will be issued a summons.

- 8) I understand and agree to pay the annual permit fee of \$750.00 (seven hundred and fifty dollars) for one license plate and \$765.00 (seven hundred and sixty-five dollars) for add a second license plate on the same parking space. If I apply for this permit after January 1<sup>st</sup>, I will be charged at a reduced pro-rata rate based on the remaining months until the following date of December 31<sup>st</sup>.

- 9) In the event that I cease to be employed in the business identified in Paragraph 1, I will surrender the permit within two business days of that event. I understand there will be no refunds of the amount paid.

- 10) I understand and agree that I will not use the space assigned to me for "commuter parking," which means that **I will never go directly from my parking space to the Long Island Railroad station.** I will always go to my place of business first, and in the event that my business duties sometimes require me to use the Long Island Railroad, it will never be on a regular or frequent basis. In the event that I am observed using the Long Island Railroad in violation of this paragraph, I agree that I may be summoned to a hearing before the Town Clerk, in which the burden of proof will be on me to demonstrate that I am not using the assigned space for commuter parking. If I fail to appear or to meet that burden of proof, I understand that my permit may be revoked and removed from my vehicle(s) without entitling me to a refund.
- 11) I understand and accept that the issuance of the permit does not give me any right to use the parking space in question beyond the expiration date on the permit, and that the Town reserves the right to change the permit fee and the rules for eligibility in any future year.

Dated: \_\_\_\_\_  
Port Washington, New York

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver License Address: \_\_\_\_\_

\*Documentary proof must be in a form acceptable to the Town Attorney. Examples of acceptable proof are:

- A recent paycheck stub (within the past 2 months) from your employer
- Copy of vehicle registration
- A copy of a tax bill or utility bill for the commercial or retail property located within the PWPD
- A lease agreement between proprietor and property owner
- Copy of Deed to property/business

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### **FOR OFFICIAL USE ONLY:**

Permit Number: \_\_\_\_\_ Vehicle #1: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Vehicle #2: (if applicable): \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

If you have any questions or concerns, please call 311.