

PARKING AUTHORITY OF THE CITY OF PASSAIC

330 PASSAIC STREET, PASSAIC NJ. 07055
TELEPHONE (973) 365-5584 FAX (973) 365-0115

PERMIT PARKING IN BUSINESS DISTRICT-(Ordinance No. 2025-15)

*Business Owners/Employee (Limit 2); Current or Former Military Personnel;
Passaic Board Of Ed. Employees; Government Employees.*

FEE: \$50.00 PER MONTH
\$125.00 PER THREE MONTHS

MONTHLY \$50.00
THREE MONTHS \$125.00

CASH
CHECK NO. _____
CLERK INITIAL _____

BOARD OF EDUCATION CURRENT OF FORMER MILITARY BUSINESS OWNER BUSINESS EMPLOYEE

NAME: _____ DRIVER'S LICENSE NO. _____

ADDRESS: _____ APT NO. _____ CITY _____ STATE _____

TELEPHONE PHONE NO. _____ BUSINESS PHONE NO. _____

EMAIL ADDRESS: _____

BUSINESS/SCHOOL: _____ ADDRESS: _____

SIGNATURE OF APPLICANT _____ DATE: _____

I certify under penalty of perjury that the above information is true.

THIS SECTION MUST BE COMPLETED BY MERCHANT, EMPLOYER OR SCHOOL OFFICIAL
(PLEASE FILL THIS SECTION IF NO ID PROVIDED)

BUSINESS/SCHOOL: _____

ADDRESS: _____

TELEPHONE PHONE NO. _____ EMAIL ADDRESS: _____

NAME OF EXECUTIVE OFFICE/PRINCIPAL: _____

SIGNATURE OF EXECUTIVE OFFICER/PRINCIPAL: _____ DATE: _____

I certify under penalty of perjury that the above information is true.

PRE-REQUISITES:

SUBMIT THE FOLLOWING WITH EACH APPLICATION:

COPY OF DRIVER'S LICENSE

VEHICLE REGISTRATION

VALID INSURANCE CARD

REQUESTING PARKING PERMIT BY MAIL: (DO NOT SEND CASH) MAKE NON-REFUNDABLE CHECK OR MONEY ORDER PAYABLE TO CITY OF PASSAIC PARKING AUTHORITY AND A SELF ADDRESS AND STAMPED ENVELOPE.

BELOW THIS LINE: OFFICE USE ONLY

LICENSE PLATE NO: _____

VEHICLE YEAR _____ MAKE: _____ MODEL: _____

DRIVER'S LICENSE NO. _____

COPY OF CERTIFICATE OF OCCUPANCY *(Business Owners/Employees)*

PROOF OF EMPLOYMENT *(Ex. Work ID, paystub etc.)*

MILITARY ID