

# Zone G

## CEID BUSINESS APPLICATION

Permit Year May 1 – April 30

# G

**PERMITS ISSUED BY MAIL ONLY**

# G

Complete the following information:

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**All applicants must attach a photocopy of a rental contract or utility bill as proof of doing business in the area. This proof must show your firm name, address, and be dated within the past 30 days.**

The number of worker permits issued to your business is calculated from the payroll information you submit. Please attach a payroll record or a list of employees and the hours each employee works (maximum 40 hours per employee per week). To know your allotment, add the total hours worked by all your employees and divide that number by 40, then multiply that number by .75 (round up if it is an uneven number). This is the number of permits you are eligible to purchase.

**Maximum 40 Hours Per Employee per week**

Full/Part Time Employees Total Hours = \_\_\_\_\_ ÷ by 40  
 = \_\_\_\_\_ **X** by .75 = \_\_\_\_\_ Total Permit(s)

**EACH PERMIT COSTS \$32 FOR THE PERMIT YEAR; AFTER 11/1 PAY ONLY \$16.**

**Pay Only by Check  
or Money Order**

BUSINESS PERMITS..... = \$ \_\_\_\_\_

MOTORCYCLES (include DMV registration)..... = \$ \_\_\_\_\_

GUEST PERMITS Maximum one per address ..... = \$ \_\_\_\_\_

**TOTAL** \_\_\_\_\_ = \$ \_\_\_\_\_

Permits                      Check or Money  
Order Enclosed

**Please Read and Sign on Reverse**

\*\*\*\*\*

**FOR OFFICE USE ONLY**


Date Issued \_\_\_\_\_ Issued By \_\_\_\_\_

By applying for this permit and signing this application, the undersigned agrees to the following:

- All the information on this form (and any supplemental information I have provided) is true and correct.
- The business permits permit(s) assigned to our workers and our guest permit decal may only be used for the purposes of conducting business.
- We may not purchase business permits if we are leasing or renting out our off-street parking that could otherwise be used for our workers.
- We understand that all permits remain the property of the City of Portland and their use may be revoked if improper use is demonstrated.

**Violation of any of these understandings may result in the immediate cancellation of the permit (s) in questions. After cancellation, any vehicle found parked in the permit area displaying a canceled permit will be cited.**



I swear or affirm that the information on this application is true and correct

Date

Mail completed application, required proof, payroll information and check (made payable to City of Portland) to:

**Parking Control  
Bureau of Transportation System Management  
1120 SW 5th Ave, Room 800  
Portland OR 97204**



**(503) 823-PARK (7275)**

**Applications submitted without complete information will be returned.**