City of Bloomington
Planning and Transportation Department

ALL-ZONE RESIDENTIAL   Tracking # _____
PARKING PERMIT APPLICATION
Landlord/Property Manager

In accordance with Bloomington Municipal Code Section 15.37.190 the Planning & Transportation Department *may* issue realty companies who show properties in the Residential Neighborhood Parking Zones. *Each properly registered and verified service companies shall be allowed no more than two (2) All-Zone Residential Parking Permits. The Planning and Transportation Department **may** issue additional Permits if such need is shown on this Application.*

The Planning & Transportation Department reserves the right to deny any applicant an All-Zone Residential Parking Permit if the applicant has any unpaid parking citations issued by the City of Bloomington, Indiana.

Any All-Zone Residential Parking Permit issued to the applicant shall only be used when the driver of the vehicle bearing the Permit is actively engaged in the maintenance of rental properties owned or managed by the applicant in the Residential Neighborhood Parking Zone in which the vehicle is parked.

No new All-Zone Residential Parking Permit shall be issued until a current Permit expires. The Planning & Transportation Department will review this application and render a decision in no more than ten (10) business days from the date the application is filed.

_____

FOR USE BY CITY OFFICIALS ONLY

Date Received:	Application Complete:	Business Verified:
	Yes No	Yes No Staff Initial:
Parking Ticket Verification Date: **Outstanding Parking Tickets:** Yes No		Staff Initial:
Director's Decision: Approved ☐ Denied ☐ Initial: **Date of Approval:**		
Notes:		
Payment type and amount:		
Permit numbers Issued:		
Expiration date of permits:		

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SECTION A - REQUEST

How many All-Zone Residential Neighborhood Permits are you requesting? _____

SECTION B - APPLICANT INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

SECTION C - BUSINESS INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Secretary of State Business ID: (If Sole Proprietor right "Sole")	Federal Tax ID or Last 4 Digits of SS #:	

SECTION D - COMPLETE FOR EACH OWNER, PARTNER, CORPORATE OFFICER, OR SHAREHOLDER (OWNING 25% OF THE BUSINESS OR MORE)

Name:
Address:
Name:
Address:

SECTION E - RESIDENTIAL RENTAL UNIT INFORMATION
(Please Include the number of individual units associated with each address)

Address:	Own: ☐	Manage: Yes ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐
Address:	**Own:** ☐	**Manage: Yes** ☐

SECTION E - VEHICLE INFORMATION

Please list the make, model, year, license plate number, and vehicle identification number of each vehicle to be utilized in your function as a property management company. If you wish to try and register additional vehicles, please attach a separate sheet of paper that lists those additional vehicles (including the make, model, year, license plate number and vehicle identification number).

Make	Model	Year	License Plate #/ State	Color

SECTION G- DECLARATION

I declare, under penalty of perjury, that the above information is true and correct. I understand that if this information is found to be fraudulent, the All-Zone Residential Neighborhood Parking Permit(s) issued in association with this statement shall be revoked. I further declare, under penalty of perjury, that any All-Zone Residential Neighborhood Parking Permits issued as a result of this application shall only be used when the driver of the vehicle bearing the Permit is actively engaged in the business of leasing or maintaining properties owned or managed by the applicant.

_____ _____
Signature of Applicant   Date