



2020 BUSINESS PARKING LOT PERMIT APPLICATION

PROPERTY OWNER

Name: _____

Address: _____

City St Zip: _____

Contact No: _____

Email: _____

BUSINESS OWNER APPLICANT

Name: _____

Address: _____

City St Zip: _____

Contact No: _____

Email: _____

City Business License No. _____

Business Name: _____

No. of Employees: _____

Business Address: _____

CERTIFICATION:

I certify that I am the authorized agent of the business and an owner or employee. The permit is for use by employees and owners of businesses located in the CBD-Core zone in downtown Puyallup. All issued permits are subject to the applicable PMC chapter 10.40.

Submit along with a \$20 per vehicle permit fee to: City of Puyallup 333 S Meridian Puyallup WA 98371

Signature of Applicant: _____ Date _____

City of Puyallup
333 S Meridian | Puyallup | WA 98371
Tel: (253) 845-5579 | Fax: (253) 840-6678
www.cityofpuyallup.org