

Reserved Parking - Off Street Parking Lots

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Information

Legal Name First _____ Middle _____ Last _____

Company Name _____ Phone _____ Email _____

Street Address _____ City _____ State ____ Zip _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State ____ Zip _____

Business Information: Corporation Limited Liability Company Partnership Other _____

Name of Company _____

Business Address _____ City _____ State ____ Zip _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

Applicant/Licensee Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received _____ Date of Council Approval _____ License # _____

APPLICATION FOR PERMIT

The undersigned hereby makes APPLICATION FOR AN **OFF-STREET RESERVED PARKING PERMIT.**

FIRM NAME _____

FIRM ADDRESS _____

LOCATION OF RESERVED PARKING _____

NUMBER OF STALLS _____

ANNUAL PERMIT FEE -- \$180.00 PER STALL PLUS INITIAL SIGN COST OF \$10.00

This permit expires December 31, _____.

SIGNATURE _____

TITLE _____

DATE _____