



## LICENSE APPLICATION FOR - **PUBLIC PARKING FACILITY** MUNICIPAL CODE SECTION - **4-39**

### DEFINITION:

Public Parking Facilities include any plot, piece or parcel of land or any building or structure used for the purpose of storing motor vehicles where the owners or persons storing such vehicles are charged a fee and which are open to the public.

### GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire January 31.
5. Add 10% to license fee for renewal after January 31.
6. Include \$5.00 license application fee payable to City of South Bend.
7. License fee payable to City of South Bend due at issuance - \$80.00.

### REQUIRED INFORMATION AND MATERIALS:

1. Business form (corporate, partnership, etc.) and ownership information.
2. Proposed facility capacity and hours.
3. Rate and hour schedule.
4. Copy of current bond or insurance policy per Sec. 4-39 (f)(3).

### APPLICATION PROCESS:

1. Review Municipal Code Section 4-39 thoroughly.
2. Submit Application with \$5.00 Processing Fee.
3. Review and recommendations by appropriate city offices to Board of Public Works.
4. License issued upon approval and payment of the license fee.
5. Permit holder may do business with Section 4-39 compliant signage, claim checks, and fire extinguishing apparatus.

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I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

II. BUSINESS DATA

A. Business Name: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: \_\_\_\_\_

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Maximum Number of Vehicles that can be parked at facility at one time: \_\_\_\_\_

H. Total Number of Parking Spaces at facility: \_\_\_\_\_

I. Hours during which vehicles may be stored: \_\_\_\_\_

H. Premises are (check one): Leased by Applicant \_\_\_\_\_ Owned by Applicant \_\_\_\_\_

If Leased:

Owner's Name: \_\_\_\_\_

Owner's Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

J. Insurance Carrier and Amount of Liability Insurance **OR** Bonding Agent and Amount of Bond:

\_\_\_\_\_

**For Office Use Only**

Application Filed \_\_\_\_\_ Public Works Approval \_\_\_\_\_

Application Fee Paid \_\_\_\_\_ License Fee Paid \_\_\_\_\_

Sent to Dept. \_\_\_\_\_ License Number \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

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III. PERSONAL DATA

- A. Applicant's Legal Name: \_\_\_\_\_
- B. Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Residential Telephone Number: \_\_\_\_\_
- D. Residential Fax Number: \_\_\_\_\_
- E. Cellphone Number: \_\_\_\_\_
- F. Position with Business: \_\_\_\_\_

IV. OWNERSHIP

A. Type of ownership (check one):

- \_\_\_\_\_ Sole Proprietorship (If sole proprietorship, proceed to 1).  
\_\_\_\_\_ Partnership (If partnership, proceed to 2).  
\_\_\_\_\_ Corporation (If corporation, proceed to 3).

1. Sole Proprietor

Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

2. Partnership (List at least two (2) partners)

Name #1: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name #2: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

3. Corporation

Legal name of corporation: \_\_\_\_\_  
Date and state of incorporation: \_\_\_\_\_

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IV. OWNERSHIP (Continued)

A. Type of ownership (continued):

3. Corporation (continued)

Resident Agent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officers:

Name #1: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name #2: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name #3: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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V. INCLUDE COMPLETE RATE AND HOUR SCHEDULE WITH APPLICATION

VI. INCLUDE A CURRENT INSURANCE POLICY OR BOND

VII. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VIII. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of the Public Parking Facility license found in the City of South Bend Municipal Code, Section 4-39.

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Signature

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Date