

# PARKING PERMIT APPLICATION – BUSINESS



**NANAIMO DISABILITY RESOURCE CENTRE**  
 #2-4166 Departure Bay Rd.  
 Nanaimo, BC, V9T 4B7  
 Hours: Monday – Friday  
 9:00am-Noon and  
 12:30pm – 3:30pm

Tele: 250-758-5547  
[parking@ndrc.info](mailto:parking@ndrc.info)  
[www.ndrc.info](http://www.ndrc.info)  
 Charity Reg. #  
 128031721RR0001



OFFICE USE ONLY	
Permit No.	_____
Renewal No.	_____
Renewal No.	_____
Renewal No.	_____

## PART 1 – BUSINESS ORGANIZATION APPLICATION - TO BE COMPLETED BY THE OWNER / MANAGER - PRINT

NAME OF PRIMARY CONTACT PERSON		POSITION WITHIN BUSINESS	
BUSINESS NAME			
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	TELEPHONE
PRIMARY CONTACT'S TELEPHONE (IF DIFFERENT)	PRIMARY CONTACT'S EMAIL		FAX

## IMPORTANT INFORMATION TO BE ATTACHED

- Please submit required information on business letterhead. Please type and number your responses as follows:
1. Whenever possible, NDRC issues permits directly to the person with a disability for that individual's sole use and responsibility. The permit is portable and can be used in any vehicle that the permit holder is travelling in. **Please explain why this arrangement would not be practical for the individual(s) being transported.**
  2. Provide the **approximate number** of people to be transported and indicate the percentage with cognitive disabilities (Alzheimer's, senior dementia, etc.).
  3. Initially, a maximum of 2 permits will be issued. List the **license plates numbers of each vehicle used to transport client(s) with mobility impairment(s)**. There should be at least as many license plate numbers as there are permits being requested.
  4. Please attach a copy of your **business license** with this application.

**IT IS AN OFFENSE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS APPLICATION**  
*The permit remains the property of NDRC and can be revoked at any time if, in the opinion of NDRC, the permit holder is not taking proper care of the permit including altering, defacing, duplicating or allowing others to use it.*  
 A permit issued for a business is issued for one year only and is renewable annually. A doctor's authorization is not required. The applicant is responsible for ensuring this form is completed and for sending the completed form to NDRC at the address given above.  
 I, the applicant, agree to be responsible for the appropriate use of the permit issued to the business.

SIGNATURE OF OWNER / MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYMENT INFORMATION

<b>PERMIT FEE:</b> <b>\$31.00 x _____ (# of permits) or \$33 x _____ (# of permits) if the permit is to be mailed.</b>	= \$ _____
<b>METHOD OF PAYMENT:</b> Please make cheques / money orders payable to NDRC <input type="checkbox"/> Cheque / Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Debit (In Office Only) Card number: _____    Expiry date: ____ / ____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex    Signature: _____	<b>TOTAL:</b> = \$ _____

## OFFICE USE ONLY

Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____
Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____
Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____
Permit No. _____	<input type="checkbox"/> Temp.	Exp Date _____ (M/Y)	Amt Rec'd _____	Pmt Type _____	Rec'd by _____	Data Entry _____