



City of New Haven BUILDING DEPARTMENT

PERMIT & LICENSE CENTER

200 Orange Street, 5th Floor* New Haven, Connecticut 06510



Andrew J. Rizzo, Jr.
Building Official
Issuing Authority

BUSINESS LICENSE APPLICATION

To Be Filled Out Completely By Interested Person: ONCE ISSUED, A LICENSE IS NOT TRANSFERABLE, NO REFUND WILL BE ISSUED.

Date Application Submitted: _____ APPLYING AS A(N): INDIVIDUAL MANAGER OWNER PARTNERSHIP
(Please PRINT) ALL INFORMATION MUST BE SUPPLIED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

LICENSE IS HEREBY GRANTED TO: _____
(BUSINESS NAME UNDER WHICH THE PARKING LOT/GARAGE IS TO BE OPERATED)

PARKING LOT/GARAGE ADDRESS: _____
(BUSINESS ADDRESS UNDER WHICH THE PARKING LOT/GARAGE IS TO BE OPERATED)

PARKING LOT/GARAGE: Managed Owned Leased
(List the name(s) of the Managers/Operators leasing/managing the Parking Lot/Garage.) **(Use back side of this application)**

Parking Lot/Garage Number of Spaces: _____ Parking Lot/Garage Name: _____

COMPLETE RATE(S) TO BE CHARGED FOR STORING:

MONDAY \$ _____ DAILY TUESDAY \$ _____ DAILY WEDNESDAY \$ _____ DAILY
 THURSDAY \$ _____ DAILY FRIDAY \$ _____ DAILY SATURDAY \$ _____ DAILY
 SUNDAY \$ _____ DAILY \$ _____ MONTHLY

COMPLETE DAY(S)/HOUR(S) AND/OR PARKING ATTENDANTS OF OPERATION:

MONDAY _____ A.M./P.M. TUESDAY _____ A.M./P.M. WEDNESDAY _____ A.M./P.M.
_____ A.M./P.M. _____ A.M./P.M. _____ A.M./P.M.
THURSDAY _____ A.M./P.M. FRIDAY _____ A.M./P.M.
_____ A.M./P.M. _____ A.M./P.M.
SATURDAY _____ A.M./P.M. SUNDAY _____ A.M./P.M.
_____ A.M./P.M. _____ A.M./P.M.

To the Building Department - Permit & License Center,
I (we), hereby agree to abide by all of the rules and regulations pertaining to PARKING LOT/GARAGE as defined by
the City of New Haven Ordinances and the State of Connecticut Statutes.

Applicant Name: _____
(Last) (First) (Middle)

Applicant Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Birth Date: _____ Age: _____

Social Security # _____ Employer Identification No. of such Entity: _____

Valid Photo ID# _____ **NAME OF STATE:** _____

Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

Once issued, a license is not transferable, no refund will be issued, and is subject to the provisions of the Ordinances of
the City of New Haven and the Statutes of the State of Connecticut applicable to the activity for which the license is
requested.

By signing this application the applicant is authorizing the City to complete a background check on individuals, partners or
officers of the entity to which the license is issued; and certifies that a copy of the city ordinance governing this license
has been received.

Signature _____ **Date Signed:** _____

REQUIRED APPROVALS/INSPECTIONS: **FOR OFFICE USE ONLY**

ZONING ADMINISTRATOR - APPROVED FOR # _____ **SPACES** Parking Lot Garage

(Comments, if any): _____

Approved By _____ DATE APPROVED _____

POLICE BACKGROUND REPORT: APPROVED _____ DENIED _____ REPORT RECEIVED _____

REQUESTS FOR CRIMINAL BACKGROUND CHECK REPORT EXPIRES THREE(3) MONTHS FROM PROCESSED DATE: _____

