



**CITY OF CLOUMBIA
 PARKING SERVICES DEPARTMENT
 820 WASHINGTON ST, COLUMBIA, SC 29201 – 803-545-4015
 APPLICATION FOR LOADING ZONE PERMIT**

New	Renewal	Other
Business Name (Please Print):		
Address:		
Telephone:		Type of Business:
<p>I hereby certify that the information listed above is true and correct. I have received a printed copy of regulations regarding this permit. I understand the permit issued is valid for one year from the date the permit(s) is issued. I further understand that any errors in this information will result in the cancellation of any and all permits issued. I further understand that to qualify for a permit, I will pay or cause to be paid any and all past due parking tickets issued to this vehicle by the City Of Columbia.</p>		
Name of Authorized Representative:		Signature:
Date:		Issued By:
** DO NOT WRITE BELOW THIS LINE **		
PERMITS ISSUED		
Permit/Tag# (\$5):		Permit/Tag# (\$2):
Permit/Tag# (\$2):		Permit/Tag# (\$2):
Permit/Tag# (\$2):		Permit/Tag# (\$2):
\$5 for first Permit; \$2 for each additional permit		Amount Paid:
Total Amount Received:		Receipt#:
Comments:		