

CITY OF ORLANDO
SERVICE INDUSTRY EMPLOYEE MONTHLY PARKING
EMPLOYER-SPONSORED APPLICATION

Monthly Rate: \$65

Please complete all applicable sections. The information provided will be used to determine employee eligibility. An authorized employer representative must verify employment and notify the City when an employee is no longer for the program.

- Employee information must be submitted with the application. (Attachment A).
- A Monthly Lot/Garage Permit Parking Agreement must also be signed by the individual employee and submitted with this application. (Attachment B).

1. Business Information

Legal/Business Name: _____

Business Address: _____

City: _____ **State:** _____ **ZIP:** _____

Type/Category of Business:

☐ Restaurant ☐ Retail Establishment ☐ Bar ☐ Nightclub

City of Orlando Business Tax Receipt (BTR)/License No.: _____

Business Phone: _____ **Business Email:** _____

Regular Business Hours: _____

Manager/Authorized Representative: _____

Title/Position: _____ **Phone:** _____

Email: _____

2. Employee Information. Provide the completed form attached as Attachment A for each employee.

List of Employees submitted with this application:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

4. Employer Certification

By signing below, I certify that the employee identified on this form is currently employed by the business identified above and that the information provided is accurate to the best of my knowledge. I understand that the City of Orlando may contact the business or its authorized representative to verify employment and may request additional documentation or information to determine the employee's eligibility for the Service Industry Employee Monthly Parking Rate. I understand that providing false or misleading information may result in the denial, suspension, or revocation of the Service Industry Employee Monthly Parking Rate or parking permit.

Authorized Employer Representative Signature: _____

Date: _____

Next Step: Each employee must complete the Monthly Lot/Garage Permit Parking Agreement. Submit the application, parking agreement and any other documentation required by the City of Orlando.

ATTACHMENT A
EMPLOYEE INFORMATION

Employee Full Name: _____

Position/Job Title: _____ **Status:** ☐ Full-Time ☐ Part-Time ☐ Other: _____

Typical Work Schedule / Hours Worked: _____

☐ I confirm that the employee identified above is currently employed by this business.

Vehicle Information

License Plate: _____ **State:** _____

Make: _____ **Model:** _____

Year: _____ **Color:** _____

4. Parking Garage Selection *Garage availability is subject to program requirements and availability.*

Select one garage:

☐ Jefferson Garage ☐ Washington Garage ☐ Library Garage ☐ Administration Garage

Employee Certification

By signing this application, I certify that the information provided is true and accurate. I understand that the City of Orlando may contact my employer or request additional documentation to verify my eligibility.

I agree to notify the City if I am no longer employed by the qualifying business or if any information affecting my eligibility changes.

Employee Signature: _____

Date: _____

FOR CITY USE ONLY

Application Received By: _____ **Date Received:** _____

Business Verification: ☐ Verified ☐ Pending ☐ Unable to Verify

Employment Verification: ☐ Verified ☐ Pending ☐ Unable to Verify

Eligibility: ☐ Approved ☐ Denied ☐ Additional Information Required

Notes: _____