



CITY OF YELLOWKNIFE

## APPLICATION FOR LOADING ZONE PERMIT

I \_\_\_\_\_ of \_\_\_\_\_

hereby make application for a LOADING ZONE PERMIT for the following vehicle(s):

1. Plate #: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
2. Plate #: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
3. Plate #: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
4. Plate #: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
5. Plate #: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

EXEMPTION NO: \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

Purpose of Exemption: \_\_\_\_\_

I understand this permit allows me to use the Loading Zone for the purpose of loading or unloading goods or persons. I must be actively engaged in the loading or unloading and such time SHALL NOT exceed thirty (30) minutes.

ADDRESS: \_\_\_\_\_

PHONE NO: (work) \_\_\_\_\_ (home) \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

FEE (GST applicable): \_\_\_\_\_

CLERK: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DM#92456v3