

ACCESS INFORMATION FOR 24 HOUR CONTACT

NAME _____ PHONE _____

RESIDENCE ADDRESS _____
Street City Zip

INSURANCE AGENT FOR BUSINESS

NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____
Street City Zip

PROCESSING AGENT

NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____
Street City Zip

FORMS OF PAYMENT

Various forms of payment must be allowed with at least two (2) methods being an alternative to cash.

CASH _____ PERSONAL CHECK _____ CREDIT CARDS _____ DEBIT CARDS _____

OTHER (please describe) _____

VEHICLE IMMOBILIZATION EMPLOYEES

NAME _____ PHONE _____

RESIDENCE ADDRESS _____
Street City Zip

NAME _____ PHONE _____

RESIDENCE ADDRESS _____
Street City Zip

NAME _____ PHONE _____

RESIDENCE ADDRESS _____
Street City Zip

NAME _____ PHONE _____

RESIDENCE ADDRESS _____
Street City Zip

OVER

PARKING FACILITIES (List each lot separately. Attach additional page if necessary.)

ADDRESS _____ LOCATION _____

OWNER'S NAME _____ ADDRESS _____

OWNER'S PHONE # _____

ADDRESS _____ LOCATION _____

OWNER'S NAME _____ ADDRESS _____

OWNER'S PHONE # _____

ADDRESS _____ LOCATION _____

OWNER'S NAME _____ ADDRESS _____

OWNER'S PHONE # _____

ADDRESS _____ LOCATION _____

OWNER'S NAME _____ ADDRESS _____

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ADDRESS _____ LOCATION _____

OWNER'S NAME _____ ADDRESS _____

OWNER'S PHONE # _____

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OWNER'S NAME _____ ADDRESS _____

OWNER'S PHONE # _____

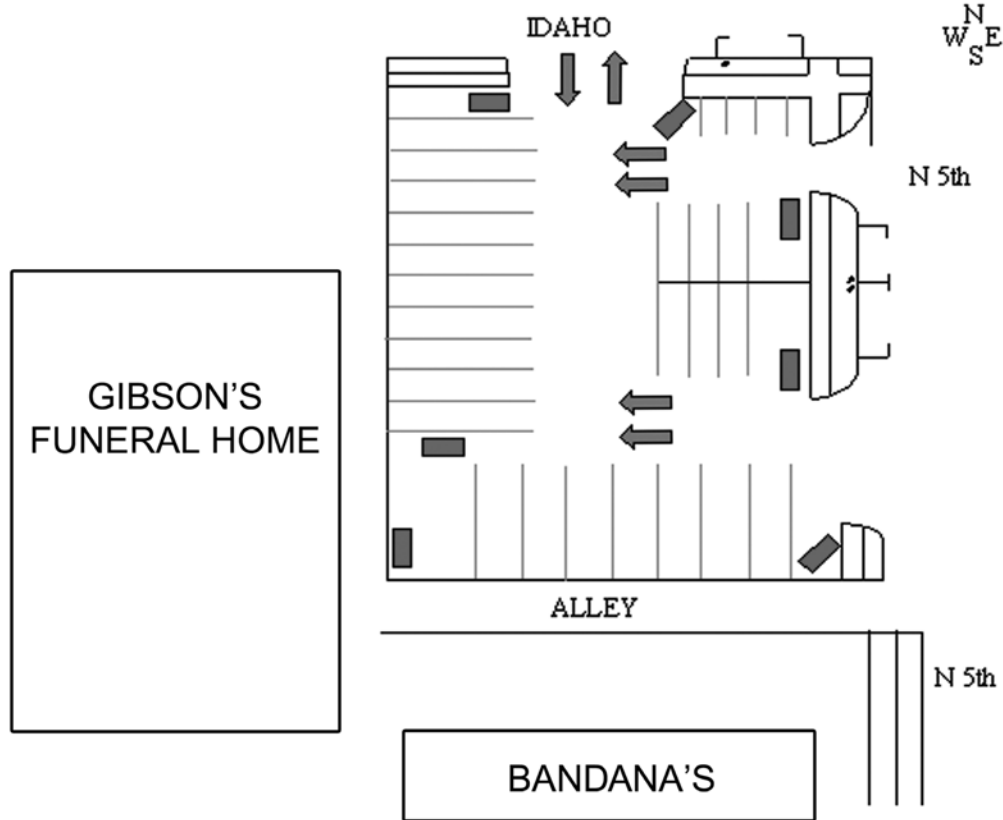
ADDRESS _____ LOCATION _____

OWNER'S NAME _____ ADDRESS _____

OWNER'S PHONE # _____

Attach additional page(s) as needed.

**EXAMPLE - SITE PLAN
VEHICLE IMMOBILIZATION LOT**



DOES PROPERTY MEET PARKING LOT STANDARDS BASED ON BOISE CITY ORDINANCE? YES NO

IS THERE A CONDITIONAL USE APPLICATION FROM P&Z? YES NO

IF YES, PLEASE PROVIDE IDENTIFICATION NUMBER? _____

LOT ENFORCED - DAYS PER WEEK _____

HOURS OF ENFORCEMENT _____

FEE FOR THIS LOT _____

TOTAL NUMBER OF SIGNS IN LOT _____ PRIVATE: _____ PUBLIC: _____

PARKING SPACES STRIPED _____

WHEEL STOPS _____

EXIT/ENTRANCE MARKINGS _____

IS OTHER PARKING AVAILABLE IN LOT DURING OFF HOURS? PLEASE EXPLAIN: _____

Date _____ SITE PLAN APPROVED YES NO

LICENSING AUTHORITY SIGNATURE

PROPERTY LOCATION: _____

DOES PROPERTY MEET PARKING LOT STANDARDS BASED ON BOISE CITY ORDINANCE? YES NO IS

THERE A CONDITIONAL USE APPLICATION FROM P&Z? YES NO

IF YES, PLEASE PROVIDE IDENTIFICATION NUMBER? _____

LOT ENFORCED - DAYS PER WEEK _____

HOURS OF ENFORCEMENT _____

FEE FOR THIS LOT _____

TOTAL NUMBER OF SIGNS IN LOT _____ PRIVATE: _____ PUBLIC: _____

PARKING SPACES STRIPED _____

WHEEL STOPS _____

EXIT/ENTRANCE MARKINGS _____

IS OTHER PARKING AVAILABLE IN LOT DURING OFF HOURS? PLEASE EXPLAIN: _____

SELF DECLARATION STATEMENT

YES	NO	
_____	_____	HAVE YOU HAD A SIMILAR LICENSE REVOKED BY THIS CITY, THE STATE OF IDAHO, OR BY ANY OTHER CITY, COUNTY, OR STATE WITHIN THE PRECEDING FIVE (5) YEARS?
_____	_____	DO YOU HAVE ANY OUTSTANDING WARRANTS FOR YOUR ARREST, DETAINMENT, EXTRADITION OR DEPORTMENT IN ANY JURISDICTION?
_____	_____	WITHIN FIVE (5) YEARS PRIOR TO THE DATE OF MAKING THIS LICENSE APPLICATION HAVE YOU BEEN CONVICTED OF OR INCARCERATED FOR ANY FELONY ANYWHERE?
_____	_____	WITHIN THREE (3) YEARS PRIOR TO THE DATE OF MAKING THIS LICENSE APPLICATION HAVE YOU BEEN CONVICTED OF ANY MISDEMEANOR INVOLVING THEFT, LARCENY, OR OTHER DISHONEST ACT (E.G. FORGERY, COUNTERFEITING, FRAUD, MISUSE OF A FINANCIAL TRANSACTION CARD, ETC.) ANYWHERE?
_____	_____	ARE YOU CURRENTLY SERVING A TERM OF FELONY PROBATION OR PAROLE IN ANY JURISDICTION?
_____	_____	DO YOU CURRENTLY HAVE PENDING CHARGES FOR ANY OF THE ABOVE MENTIONED CONDITIONS?

IN ACCORDANCE WITH BOISE CITY CODE 5-2-11, THE ABOVE OFFENSES / CONDITIONS ARE REASONS FOR DENIAL OF A VEHICLE IMMOBILIZATION LICENSE.

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54 of the Idaho Code, that the statements contained in the above application for an Immobilization Service License are true and correct to the best of my knowledge.

_____ Date _____
SIGNATURE OF APPLICANT

STATE OF IDAHO
 >SS
COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

NOTARY PUBLIC FOR IDAHO
RESIDING AT _____, IDAHO
MY COMMISSION EXPIRES _____