



CITY OF WILMINGTON
 DEPARTMENT OF FINANCE, REVENUE DIVISION
 800 N FRENCH STREET, 1ST FLOOR * WILMINGTON DE 19801
 PHONE # (302) 576-2099 * FAX# (302) 576-2098
COMMERCIALPARKING@WILMINGTONDE.GOV

APPLICATION DATE: _____

COMMERCIAL SERVICES PARKING PERMIT

REQUIREMENTS FOR APPLICATIONS

- This Completed **Application**
- A Copy of **Valid Driver's License** for each vehicle
- A Copy of **Valid Vehicle Registration** for each vehicle
- A Copy of **Valid City of Wilmington Business License**

* There is currently no limit on the number of permits a company may obtain.

ATTENTION:

- If vehicle is not registered to the Company, please supply a **Confirmation Letter** on company letterhead that states the vehicle is used for business purposes.
- **All Outstanding debt must be paid** prior to submitting this application. 48 Hours notice is required for processing and approval of this application.

COMPANY INFORMATION

Official Company Name:		
City of Wilmington Business License #:		Tax ID #:
Street Address:		Apt/Floor/Suite #:
City:	State:	Zip Code:
Company Contact Person(s):		
Email Address:		Phone #:

VEHICLE INFORMATION

PARKING PERMIT FEE: \$250.00 per Vehicle / per Calendar Year

For a list of prorated fees and additional information, visit: www.WilmingtonDE.gov/business/commercial-parking-permit

VEHICLE # 1	Name of Driver:	
Registration Number/Plate #:	State:	Year:
Make:	Model:	Color:
VEHICLE # 2	Name of Driver:	
Registration Number/Plate #:	State:	Year:
Make:	Model:	Color:
VEHICLE # 3	Name of Driver:	
Registration Number/Plate #:	State:	Year:
Make:	Model:	Color:
VEHICLE # 4	Name of Driver:	
Registration Number/Plate #:	State:	Year:
Make:	Model:	Color:
VEHICLE # 5	Name of Driver:	
Registration Number/Plate #:	State:	Year:
Make:	Model:	Color:

VEHICLE INFORMATION		
PARKING PERMIT FEE: \$250.00 per Vehicle / per Calendar Year		
VEHICLE # 6	Name of Driver: _____	
Registration Number/Plate #:	State: _____	Year: _____
Make:	Model: _____	Color: _____
VEHICLE # 7	Name of Driver: _____	
Registration Number/Plate #:	State: _____	Year: _____
Make:	Model: _____	Color: _____
VEHICLE # 8	Name of Driver: _____	
Registration Number/Plate #:	State: _____	Year: _____
Make:	Model: _____	Color: _____
VEHICLE # 9	Name of Driver: _____	
Registration Number/Plate #:	State: _____	Year: _____
Make:	Model: _____	Color: _____
VEHICLE # 10	Name of Driver: _____	
Registration Number/Plate #:	State: _____	Year: _____
Make:	Model: _____	Color: _____
<i>If your company requires permits for more than 10 vehicles, please feel free to add an additional sheet with requested information</i>		
FOR OFFICIAL USE ONLY		SUBMIT APPLICATION
<input type="checkbox"/> Permit (s) - APPROVED <input type="checkbox"/> Permit (s) - DENIED		
Permit Valid From: _____ To: _____		Reason for Denial: _____
Representative Initials: _____		Date: _____

ADDITIONAL INFORMATION

Prorated Rates: The permit fees are prorated based on the month of your application and approval date.

Month of Purchase	Fee	Monthly of Purchase	Fee
JANUARY	\$ 250.00	JULY	\$ 125.00
FEBRUARY	\$ 229.17	AUGUST	\$ 104.17
MARCH	\$ 208.33	SEPTEMBER	\$ 83.33
APRIL	\$ 187.50	OCTOBER	\$ 62.50
MAY	\$ 166.67	NOVEMBER	\$ 41.67
JUNE	\$ 145.83	DECEMBER	\$ 20.83

All Commercial Services Parking Permits expire on December 31st of the year in which approved.

*You will receive an email with the decision of your application as well as the date your permit(s) are ready for pickup.
Thank you for applying for the City of Wilmington Commercial Services Parking Permit.*