



CITY OF YELLOWKNIFE

APPLICATION FOR LOADING ZONE PERMIT

I _____ of _____
hereby make application for a LOADING ZONE PERMIT for the following vehicle:

License #: _____ 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.

APPLICANT SIGNATURE: _____

ADDRESS: _____

PHONE NO: (work) _____ (home) _____

FEE (GST applicable): \$100 + GST

RECEIPT NO: _____

CLERK: _____

AUTHORIZED BY: _____

DM#92456v2