



Revenue Branch
1435 Water Street
Kelowna, BC V1Y 1J4
250-469-8757
kelowna.ca/parking

Accessible Parking Program Permit Application Form - Organization

TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF ORGANIZATION:

Please print clearly

NAME OF ORGANIZATION		# OF INDIVIDUALS REQUIRING MOBILITY SERVICE
ADDRESS, CITY & POSTAL CODE		
NAME OF PRIMARY CONTACT PERSON AND POSITION WITHIN THE ORGANIZATION		
DATE OF BIRTH		
PHONE NUMBER	BUSINESS LICENSE #	# OF PERMITS REQUESTED (one per vehicle)
LICENCE PLATE NUMBER(S) OF VEHICLE(S)		
BRIEFLY DESCRIBE THE NATURE OF BUSINESS REQUIRING THE PERMIT(S):		
EXPLANATION OF NEED FOR PERMIT(S):		

IMPORTANT!

- ▶ A current business license is required in order for this application to be approved. Please supply the business license number.
- ▶ Organization Permits are valid for 1 year and must be renewed along with and in accordance with your business license.
- ▶ Please enclose payment to the City of Kelowna of \$24.00 per permit (includes GST), *effective 2024*. Payments can be made by cash, cheque, money order, or debit. PLEASE DO NOT MAIL CASH.

I agree to be responsible for the appropriate use of the accessible parking permit(s) and if misused in any way, the City of Kelowna may revoke the permit at any time. This permit authorizes parking in designated accessible parking stalls for the purpose of loading and unloading disabled person(s) as long as required to benefit the disabled person(s) only, in compliance with City of Kelowna parking regulations. The permit shall be displayed from the rear view mirror for easy viewing.

I understand the information above and hereby authorize the release of information requested with respect to this application form to the City of Kelowna.

SIGNATURE OF DIRECTOR/PRESIDENT

DATE

APPLY

Forward your application to:

Revenue Branch, City Hall, 1435 Water Street, Kelowna, BC V1Y 1J4
Fax: 250-862-3391.

FOR OFFICE USE ONLY:

Revenue Manager Signature: _____

Date: _____