



Ras J. Baraka  
Mayor

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Acting Director of Finance

Juanita Jordan, CTC  
Manager

**CITY OF NEWARK**  
**DIVISION OF TAX ABATEMENT and SPECIAL TAXES – LICENSE UNIT**  
**920 BROAD STREET, ROOM B – 17, NEWARK, NEW JERSEY 07102**  
**(973) 733 – 6390**

Date Issued: \_\_\_\_\_

**Parking Permit Application**

Please indicate permit type(s):

☐ Residential

☐ Business

The following items must be submitted with the application:

Valid Driver's License

Insurance

Registration

Two (2) Utility Bills

**Application Information**

Street Name: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's Information #: \_\_\_\_\_

Telephone Number: ( ) - Alternate Number: ( ) -

**Applicant Acknowledgement**

I \_\_\_\_\_, residing at \_\_\_\_\_ in Newark, New Jersey,  
hereby certify that the \_\_\_\_\_ vehicle(s) receiving a parking permit(s) is (are) principally operated by someone  
who is a resident at the address provided above.

I further certify that the following New Jersey vehicle registration and insurance information is true.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Vehicle License Plate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Vehicle License Plate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

**FOR BUSINESS ONLY**

Vehicle License Plate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Vehicle License Plate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Vehicle License Plate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Permit No. \_\_\_\_\_