

VILLAGE OF TARRYTOWN  
ONE DEPOT PLAZA, TARRYTOWN NY 10591  
(914) 631-7873  
[WWW.TARRYTOWNGOV.COM](http://WWW.TARRYTOWNGOV.COM)

APPLICATION FOR **NON RESIDENT BUSINESS CARPOOL** PARKING PERMIT

**ANNUAL PERMIT:** \$ 300.00 FOR FIRST VEHICLES **PLUS**  
\$ 50.00 FOR EACH ADDITIONAL VEHICLE  
**SEMI ANNUAL PERMIT:** \$ 240.00 FOR FIRST VEHICLES **PLUS**  
\$ 30.00 FOR EACH ADDITIONAL VEHICLE  
**TRANSFER FEE - \$ 5.00** Must return valid permit

**PERMITS ARE NON-TRANSFERABLE NO REFUNDS WILL BE ISSUED.**

Pursuant to the provisions of the Village Ordinance regulating parking the undersigned hereby makes application for the issuance of a permit to park the motor vehicle, hereinafter described, in parking areas designated and at times specified in said Ordinance when space is available. Undersigned agrees that the Village of Tarrytown is not liable for any damage or loss to described vehicles.

**Permit not valid unless hanging from rear view mirror facing out-remove permit before moving vehicle.  
MUST SUBMIT COPY OF REGISTRATION FOR ALL VEHICLES TO BE ON PERMIT**

**CERTIFIED CHECKS OR MONEY ORDERS ONLY – PERSONAL CHECKS WILL BE RETURNED  
PAYABLE TO: VILLAGE OF TARRYTOWN**

**1) NAME OF APPLICANT** \_\_\_\_\_ Phone \_\_\_\_\_  
ADDRESS OF APPLICANT \_\_\_\_\_  
BUSINESS NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
PLATE # \_\_\_\_\_ State \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
E Mail \_\_\_\_\_

**2) NAME OF APPLICANT** \_\_\_\_\_ Phone \_\_\_\_\_  
ADDRESS OF APPLICANT \_\_\_\_\_  
BUSINESS NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
PLATE # \_\_\_\_\_ State \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
E Mail \_\_\_\_\_

**3) NAME OF APPLICANT** \_\_\_\_\_ Phone \_\_\_\_\_  
ADDRESS OF APPLICANT \_\_\_\_\_  
BUSINESS NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_  
PLATE # \_\_\_\_\_ State \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
E Mail \_\_\_\_\_

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**4) NAME OF APPLICANT** \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_

PLATE # \_\_\_\_\_ State \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

E Mail \_\_\_\_\_

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**FOR OFFICE USE:** Permit Expires \_\_\_\_\_ Permit No. \_\_\_\_\_

Fee Received \_\_\_\_\_ Permit Issued by \_\_\_\_\_

Void Permit # \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Check ( ) Cash ( )