



The Volunteer Association of Downtown Burlingame Businesses

Kevin Osborne Insurance
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650-347-1717

DBBA & the City of Burlingame

Parking Permit Application

Name: _____

Business Name: _____

Business Address: _____

Phone Number: _____

Driver License # _____

Email Address: _____

Please read and initial the following:

_____ **Parking spots are not guaranteed; they are on a first come, first serve basis. There are NO reserved parking spaces for permits.** If the lot is full, I understand I have to find another lot or meter that accepts the permit, otherwise, I understand that I have to pay whatever the current rate is for a lot or meter that is not a designated permit space. I also understand I will not be entitled to a credit or refund for this additional cost.

_____ Vehicles with permits are allowed to park in any **pay-by-space lot or nine and ten hour street meters.** Parking in other lots or meters (24 min, 1 hour, 2 hour, and 4 hour) require payment at the meter or you will be subject to a citation. I have received the parking map and understand the locations of the parking areas allowed by permits.

<http://www.burlingame.org/BurlParkPg2.pdf> (Map pdf file.)

_____ Vehicles will display a valid parking decal that must be located in the **lower left front hand** corner of the vehicle's front window. I understand there will be "**Zero Tolerance**" for vehicles without parking decals properly displayed. Additionally, if the permit is in the wrong location or I have just forgotten to display my permit a **citation will not be dismissed.**

_____ I will notify the Burlingame Police Dept. – Traffic Bureau (650-777-4100) if my permit has been lost or stolen within 24 hours. I understand that I am will not be entitled to a refund or replacement of the stolen or lost permit.

_____ **NO** overnight parking is allowed. The permit is only valid for the hours intended in the designated lot or meter.

_____ DBBA will accept only personal or company checks for payment. Any returned check will be subject to a \$25.00 return fee and the parking permit will be voided if full amount is not paid in 24 hours.

_____ I understand this is an experimental parking program. The City of Burlingame and the Downtown Burlingame Business Association are under no obligation to continue this program past the test phase and or could terminate this program early. I agree to communicate all problems in a timely manner and agree to complete a questionnaire at the end of the program. In the event the program is terminated early, I understand I will be refunded any unused pro-rata amount on the permit cost.

I have read the above information, understand it and agree to it. All personal information given is factual. Any false information provided will result in termination of the parking permit.

Signature _____ Date _____

Authorized DBBA Signature _____ Date _____

Permit Number:

July ____ August ____ September ____ October ____ November ____ Dec ____

Paid by check # _____, _____, _____, _____, _____, _____,

BPD Traffic Bureau phone number: 650-777-4100

Downtown Burlingame Business Association Parking Permits:

Osborne Insurance Agency

Office: 650-347-1717

Fax: 650-347-1707

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