



**City of Tulsa
License Center
175 E. 2nd Street, Ste. 255
(918) 596-7640**



Loading Zone Permit Application

Business Name: _____

Applicant's Name: _____

Mailing Address: _____
Street City State Zip

Business Phone: _____

Type of Delivery Business: _____

Vehicle Information: Make _____ Model _____

Year _____ Tag Number _____

- I understand that the City of Tulsa Loading Zone Permit is limited to thirty (30) minutes of parking, and;
- I agree to affix the permit decal to the lower left corner of the rear window of the vehicle identified in this application.

I understand that any false statements made in this application shall be grounds for the denial or revocation of the permit issued. Further, I agree to notify the Department of Finance/Licensing in the event that the vehicle identified in this application is no longer used as stated above.

Signature of Applicant: _____

Office Use Only

Outstanding tickets/warrants: **NO YES**

Permit number issued: _____