

Print Name and Title:

VILLAGE OF BRONXVILLE -- CERTIFICATION OF EMPLOYMENT

(Required for Merchant Parking Permit Applications)

Employee Information:			
Last Name:	First Name:		
Home Address:		_ City:	State:
Zip Code: Phone	#: Er	mail:	
Vehicle Information:			
License Plate:	Make:	Year:	Color:
Business Information:			
Bronxville Business Name:			
Bronxville Business Address:			
Business Phone Number:			
Business Email Address:			
Certification by Employee:			
I certify that I personally use the Village of Bronxville. I understar above in spaces reserved for me the website. I agree to abide by expiration date of the permit:	nd the merchant permit(s) erchants. I have read the ir	will allow me to property of the world will allow me to property of the world will be	park the vehicle described erchant Permits described or
Signature:		Date	·
Certification by Employer (Busin	ness Appointed Certifier a	cting as Bronxville	e Parking Contact):
I certify under penalty of law that location within the Village of Bro employed by this Bronxville busi notify them of such in a timely n	onxville. In the event the a iness, the employer certifi	bove-named em	ployee ceases to be
I understand that misrepresenta employment terminations affect employees at my business in the	ting permit holders will jed		-
Signature:		Date	::