Rental Rates YPA Facility/ Film Production

4. All Licenses of use will require a $3,000,000 liability Insurance coverage listing both the ***Yonkers Parking Authority (8 Buena Vista Ave., Yonkers, NY 10701) The City of Yonkers (40 S.Broadway, Yonkers, NY 10701) and Chicken Island AMS Yonkers LLC (595 Madison Ave Suite 1101, New York, NY 10022)*** as additionally insured.
5. Contractor further agrees to indemnify the Authority for any damages and or cleaning of the premises needed due to work conducted.
6. Payment must be received by the Authority at a minimum of three business days in advance.
7. On-Street Meters-Standard rate applies $25/a meter/per day.
8. Nepperhan Facilities-$1,500 per facility/per day. (Some Nepperhan lots are not available on Sundays due to Flea Market Operations).
9. BVG-varies depending on number of spaces requested. If used as regular parking for employees, we issue daily spitter tickets at a fee of $15/ 8hrs-Midnight. If space is being utilized for staging/filming the fee is $25 per space/ per day.
10. BVG-Full level $1,500/per day. We do not grant full access to BVG due to the high demand and current occupancy of permit parkers.
11. Getty Square-We charge according to the portions used, which includes 3 sections.

Getty Square Facility

1. Back side of lot-$2,000/ Day
2. 1/2 of the lot-$2,500/ Day
3. 2/3 of the lot-$3,000/ Day

Yonkers Parking Authority
8 Buena Vista Avenue • Yonkers • NY • 10701
Tel: 914-965-2467 • Fax: 914-965-0735
www.YonkersParkingAuthority.com

Meter Removal/ Rental Application

Date: _____ Telephone: _____

Applicant: _____

Address: _____

_____

_____

_____

Point of Contact: _____

Meter Rental/ Meter Removal

Purpose: _____

Meter No.: _____

Address: _____

Proof of Permit: _____

Initial Fee Paid: _____**check**_____**cash**_____**Credit Card**_____

Dates in Effect: **From:** _____ **To:** _____

Payment received by: _____

Approved by: _____

Copies to:

Jay McLynn, Assistant Director _____

Blake Perez, Security Supervisor _____

24/7 Contact: Blake (914) 830-2966

Yonkers Parking Authority
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OUTDOOR EVENT REQUEST

Facility: _____

Activity/ Special Event _____

Organization _____

Representative _____

Address _____ Zip Code _____

Home Phone _____ Business Phone _____

E-Mail Address _____ Approval Signature _____

Please Check

DAYS

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

TIMES

Weekdays:	9 to 12 _____	12 to 3 _____	3 to 6 _____	6 to DUSK _____
Saturdays:	8:30 to 10:30 _____	10:30 to 12:30 _____	12:30 to 2:30 _____	
	2:30 to 4:30 _____	4:30 to 6:30 _____	6:30 to DUSK _____	
Sundays:	8:30 to 10:30 _____	10:30 to 12:30 _____	12:30 to 2:30 _____	
	2:30 to 4:30 _____	4:30 to 6:30 _____	6:30 to DUSK _____	

PLEASE LIST DATES BELOW

January _____ April _____ July _____ October _____

February _____ May _____ August _____ November _____

March _____ June _____ September _____ December _____

This application must be submitted with the appropriate fee. Certificate of Indemnification must be provided.

Date Received _____ Fee _____ Receipt # _____

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Tel: 914-965-2467 • Fax: 914-965-0735
www.YonkersParkingAuthority.com

Credit Card Approval Form

Date: _____ **Telephone:** _____

Applicant: _____

Address: _____

_____

Visa _____ **Master Card** _____ **Credit Card #** _____

Card Expiration Date: _____ **Card Code:** _____

Name of Bank Issuing Card: _____

Name on Card: _____

Permits:

Day Time _____ **24Hr** _____ **Monthly** _____ **Quarterly** _____ **Semi-Annual** _____

Resident ☐ **Non Resident** ☐

Name of Parking Facility: _____

Amount: _____

Garages:

Name of Garage _____

Amount: _____

Meter Rental:

Location: _____

Meter No: _____

Dates in Effect: **From:** _____ **To:** _____

Amount : _____

Purpose of Card Use:

I understand, and authorize the above described credit card to be used by the Yonkers Parking Authority to charge the cost of a permit, daily booth parking or meter rental.

Note:

I have read, understand, accept, and acknowledge all the terms and conditions set here above for participation in the credit card auto pay program (PERMITS ONLY) and affirm my authorization of the Yonkers Parking Authority to use the above described credit card for payment of the services above described as well as affirm that I am the holder and authorized user of the above described credit card.

_____ _____

Signature **Date**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Yonkers Parking Authority

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ▶ local Authority

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
8 Buena Vista

Requester's name and address (optional)

6 City, state, and ZIP code
Yonkers N.Y 10701

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
___ - ___ - ____

or

Employer identification number
13 - 2526086

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*