



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dcwp

Garage and/or Parking Lot Rate Information

Businesses must comply with all relevant federal, state, and City laws and rules. All laws and rules of the City of New York are accessible via nyc.gov/dcwp.

Note: If your business will accommodate 51 or more automobiles, you must provide bicycle parking or provide proof of exemption or waiver. Key regulations are below.

- You must provide at least one bicycle parking space for every 10 automobile parking spaces provided, up to 200 automobile parking spaces.
- If your business can accommodate 200 or more automobiles, you must provide at least one additional bicycle parking space for every additional 100 automobile parking spaces.
- Bicycles must be stored inside a secure holding area OR placed on a bike rack that would allow the bike wheel and frame to be locked.

Submit ONE of the following documents as proof of bicycle parking:

- Two completed copies of Rate Information for bicycles OR
- Certification of Exemption from Compliance with DCWP Bicycle Parking Requirement OR
- An approved Bicycle Parking Spaces Waiver from the Department of Buildings

After filing Rate Information with DCWP, you must post a time-stamped copy of your Rate Information in a location visible to the public. Rate Information is NOT a license document.

You must file amended Rate Information with DCWP and post notice to the public 60 days before you change rates.

Please check the statement that applies to your business.

- ☐ I am a new license applicant submitting Rate Information.
- ☐ I am a current license holder submitting amended Rate Information.

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Date

Print Name

Print Title/Position (if any)

Address

Telephone Number



GARAGE AND/OR PARKING LOT RATE INFORMATION FOR VEHICLES

Attach additional sheets if necessary.

Legal Name of Business: _____

DCWP License Number, if applicable: _____

Business Address: _____

Alternate Entrance (AKA) to your garage and/or parking lot with a different address than your Business Address, if applicable: _____

Total Number of Employees: _____

Number of Full-time Employees: _____

Number of Part-time Employees: _____

What is the maximum number of vehicles your garage and/or parking lot can accommodate? _____

Please enter Day Rate Information and, if applicable, Night Rate Information for your business below.

Note: Enter specials or exceptions to Day and Night Rate Information in the Additional Rate Information section below.

Day Rate Information

Schedule: _____ to _____
Parking up to _____ minutes Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Maximum to _____ a.m./p.m. Cost \$ _____
Cost of each additional hour or part thereof \$ _____

Night Rate Information

Schedule: _____ to _____
Parking up to _____ minutes Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Maximum to _____ a.m./p.m. Cost \$ _____
Cost of each additional hour or part thereof \$ _____

Additional Rate Information

Provide a description of Additional Rate Information if you charge a different rate for certain days of the week, special occasions (e.g., matinees, ball games, holidays, etc.), or for any other reason (e.g., weekly or monthly special rate).

Signs outlining this schedule will be posted on (date): _____

The above rates will become effective on (date): _____

Note: If these are amended rates or rates higher than those charged by the previous owner, the effective date of these new rates must not be earlier than 60 days after the posting date.

Office Use Only: Staff Initials: _____
Date: _____

02/21/2025



GARAGE AND/OR PARKING LOT RATE INFORMATION FOR BICYCLES

Attach additional sheets if necessary.

Legal Name of Business: _____

DCWP License Number, if applicable: _____

Business Address: _____

Alternate Entrance (AKA) to your garage and/or parking lot with a different address than your Business Address, if applicable: _____

Total Number of Employees: _____

Number of Full-time Employees: _____

Number of Part-time Employees: _____

What is the maximum number of vehicles your garage and/or parking lot can accommodate? _____

Please enter Day Rate Information and, if applicable, Night Rate Information for your business below.

Note: Enter specials or exceptions to Day and Night Rate Information in the Additional Rate Information section below.

Day Rate Information

Schedule: _____ to _____
Parking up to _____ minutes Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Maximum to _____ a.m./p.m. Cost \$ _____
Cost of each additional hour or part thereof \$ _____

Night Rate Information

Schedule: _____ to _____
Parking up to _____ minutes Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Parking up to _____ hours Cost \$ _____
Maximum to _____ a.m./p.m. Cost \$ _____
Cost of each additional hour or part thereof \$ _____

Additional Rate Information

Provide a description of Additional Rate Information if you charge a different rate for certain days of the week, special occasions (e.g., matinees, ball games, holidays, etc.), or for any other reason (e.g., weekly or monthly special rate).

Signs outlining this schedule will be posted on (date): _____

The above rates will become effective on (date): _____

Note: If these are amended rates or rates higher than those charged by the previous owner, the effective date of these new rates must not be earlier than 60 days after the posting date.

Office Use Only: Staff Initials: _____
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