

# BOROUGH OF COLLINGSWOOD

## BUSINESS EMPLOYEE PERMIT APPLICATION

Business Name: _____	
Business Owners Name: _____	
Business Address: _____	
Business Phone# _____	
Employees Name: _____	
Employees Address: _____	
Employees Phone #: _____ Cell #: _____	
Vehicle Make: _____ Model: _____	
Tag #: _____ Color: _____	
Permit Type:	
_____ Full (year)	\$132.00
_____ Temporary: (Monthly)	\$11 per month
From: _____ to _____	

By applying for and accepting this permit, I understand that this permit is only valid in areas designated for permit parking. (See instruction sheet). Permits may be suspended or revoked by the Chief of Police for any violation of the parking rules and are not subject to refund.

Vehicle Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

Application: Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Permit #: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Price: \_\_\_\_\_

Form of payment: \_\_\_\_\_