

For Official Use Only	
File No	

Parking Permit Section

Retailers' Parking Permit – Application Form

Complete all sections of this application form in **BLOCK CAPITALS**, using black ink. To ensure you receive your permit promptly, please enclose all the correct documentation (outlined in Part 4). **PLEASE NOTE APPLICATIONS SHOULD BE MADE AT LEAST 7 WORKING DAYS BEFORE THE PERMIT IS REQUIRED**

**BEFORE COMPLETING THIS FORM, PLEASE READ GUIDANCE NOTES: APPLYING FOR A RETAILERS' PERMIT**

**Part 1 Applicant & Business Details**

Applicant Details	Business Details
Mr/Mrs/Miss or other title .....	Business Name .....
Surname .....	.....
Forenames ( <i>in full</i> ) .....	Business Address .....
.....	.....
.....	.....
Address .....	Postcode .....
.....	Parking Zone in Which Business is located .....
.....	.....
Postcode .....	Telephone ( <i>Daytime</i> ) .....
.....	Telephone ( <i>Evening</i> ) .....
Position held within the business .....	Telephone ( <i>Mobile</i> ) .....
.....	Email address .....
.....	Preferred Method of Contact .....

**Part 2 Confirmation that the business meets the necessary criteria**

Do you pay non domestic (or business) rates for your business premises (evidence will be required – please see Part 4 of this application form)	Yes 0 No 0
Does your business premises undertake a 'Class 1' retail activity as specified in the Town and Country Planning (Use Classes) (Scotland) Order 1997 (Please see the form entitled 'Class 1 Retail Uses' for further information)	Yes 0 No 0
Is the vehicle essential to the daily operation of the business? Please provide a brief explanation of the reasons for this below:	Yes 0 No 0
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