

Application for a bed and breakfast parking permit:

1.	About you a	and your	business	(please con	nplete in	block capitals)
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Proprietor's full name:				
Name of establishment:*				
Full postal address of establishment:				
Postcode:				
Daytime contact telephone number:				
Daytime contact telephone number:				
Daytime contact telephone number: How many guest rooms does the establishment have?				

3. Your permit - Please state the car park you would like the permit for and a commencement date:

.....

Council tax demand for current financial year for the property **Utility bill** current and in the name and address of the property

Declaration - I declare that I have read, understood and agree to abide by the rules and notes advertised on the website in connection with this application and confirm that the information I have supplied is true to the best of my knowledge and belief.

I authorise Shropshire Council to confirm my eligibility qualification by reference to any records (computerised or otherwise) that it holds in relation to the address to which this application refers.

Applicant's signature.......Date......Date

Please send this form with your eligibility document and payment to;

Public Protection & Enforcement, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

Note - Unsigned forms will not be accepted.

2.

^{*} The permit will not be vehicle specific but needs to show the name of the establishment