



**COLCHESTER BOROUGH COUNCIL**  
**APPLICATION FOR BUSINESS PARKING PERMIT**

TRADING TITLE \_\_\_\_\_

NAME OF PERMIT USER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

Vehicle Registration Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_

Permit required from \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

I enclose payment of   £100.00   quarter                                      (outside scope for VAT)

                                  £400.00   annual                   

Cheques should be made payable to North Essex Parking Partnership and sent with this form to Parking Services, PO Box 5575, Colchester, CO1 9LT.

**I UNDERSTAND THAT IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT IN ORDER TO OBTAIN A PERMIT**

Colchester Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see [www.colchester.gov.uk](http://www.colchester.gov.uk)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office use only

| Date Issued | Permit Valid |    | Permit No | Amount Paid | Receipt No | Date paid |
|-------------|--------------|----|-----------|-------------|------------|-----------|
|             | From         | To |           |             |            |           |
|             |              |    |           |             |            |           |