



APPLICATION FOR A CONTRACTOR'S SCRATCHCARD PERMIT

Name & address of contractor / company.

1. Name.....
2. Address.....
.....
.....
3. Tel:.....
4. Email.....

Name & address of the property(s) where work is to take place.

1. Name.....
2. Address.....
.....
.....
3. Tel:.....
4. Email.....

Information & Guidance Notes

Permits are available when it is essential that contractors' vehicles are parked close by to allow access to heavy tools and other bulky equipment throughout the day whilst working at properties or businesses within the CPZ.

Please indicate the permit required:-

<u>Duration</u>	<u>Fee</u>	<u>Tick</u>
1 day	£5.00	
1 week	£15.00	
1 month	£30.00	
1 year	£100.00	

- The issue of a permit does not guarantee the holder a space to park nor does it render the Council subject to any liability in respect of loss or damage to any vehicle in a parking place, or the contents or fittings of any such vehicle.
- Permits are only valid when working at the address within the zone.
- Permits are valid up to 10am on the day after the expiry date.
- A maximum of 3 vehicle registrations can be entered on to one contractor's scratchcard. However, only the vehicle displaying the permit is eligible to use it at any given time.
- The use of parking places may be suspended by police officers, parking attendants or duly authorised Council Officers.
- No refunds will be made.
- This permit is only valid in the Controlled Parking Zone.

Instructions

- Display the permit on the dashboard on the side of the vehicle nearest to the kerb.
- The permit must be displayed during the hours that the CPZ is operational.

Vehicle Details

1. Registration Number

- 1).....
- 2).....
- 3).....

2. Make and Model

- 1).....
- 2).....
- 3).....

3. Livery/Logo on vehicle

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4. Date of Issue:-

.....

5. Date of Expiry:-

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Contractor Details

1. Nature of trade or business (please supply copy of business letter head and VAT number, if applicable)

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2. Type of work being undertaken

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CUSTOMER SERVICE CENTRE TO COMPLETE

If the Contractor is eligible to purchase a permit please enter the reference number of the scratchcard issued below:-

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☐ Company letterhead attached as proof of business.

PLEASE RETURN COMPLETED FORM TO PERMITS, PO BOX 299, BEVERLEY, HU17 6FH

PLEASE NOTE, FAILURE TO COMPLY WITH THE CONDITIONS OF PURCHASE WILL INVALIDATE THIS PERMIT.

Signature.....
Print Name.....
Date.....

CASHIER'S RECEIPT NUMBER

.....

Data Protection: I, the above, understand that you will use the personal information I have given in line with the Data protection Act 1998 and accept that you may pass this information to other Council Departments and the DVLA, for this and related purposes.