

M. _____
Application No.

**Town of San Anselmo
Police Department
525 San Anselmo Ave., San Anselmo 94960
(415)258-4610**

Merchant Parking Permit Application

License Plate Number Vehicle Color Vehicle Make Vehicle Model Vehicle Year

I hereby submit application for a parking permit with the Town of San Anselmo. Twenty-Five (\$25) fee enclosed herewith (*Effective January 1, 2004*). The following information regarding my qualifications for this service is given voluntarily.

VALID JULY 1ST Through JUNE 30TH
(Renewal is applicant's responsibility)

Applicant Name

Applicant Phone Number

Applicant Address

Business Address

Business Phone Number

I certify that I am employed at _____
Business Name

Merchant Parking Permit Rules:

- Merchant Permit **MUST** be placed in the rear window, in the bottom left corner.
- Merchant Permit **MUST** be permanently affixed to the window with adhesive backing.
- Merchant permits that are incorrectly placed and/or not permanently affixed will be considered **INVALID**, and citations for overtime parking will be issued when violations occur.
- Allows all day parking in 4-hour zones **ONLY**.

Please obtain your employers signature. (*Permit applications will not be processed without authorized signature.*)
Employers Signature _____

It is understood that the Town of San Anselmo may cancel this permit at any time should I not meet the mandatory requirements as an employee in San Anselmo as stated above.

I certify that I have read and understand the above listed rules for the use of Merchant parking permits.

Date _____ Applicant Signature _____

OFFICE USE ONLY

Approved Denied Date Permit Issued

Authorized Signature