

WILLIAMSPORT PARKING AUTHORITY

144 WEST FOURTH STREET

WILLIAMSPORT , PA 17701

PHONE: (570)323-6476

FAX: (570)323-6510

CONTRACTOR PARKING PERMIT APPLICATION

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Telephone: _____

Federal Employer I.D. Number: _____

Business Privilege License Number: _____

(Please attach copy of your paid receipt)

Please list all other trade, occupation and business licenses issued by the City of Williamsport. Copies of all paid receipts for licenses must be attached to this application. Additional information may be required in order to approve the permit application.

Please list all company vehicles for which you are applying for contractor parking permits

Commercial or Truck Tags Only	Make/Model	Year

Do Not Write Below This Line. WPA Use Only

Approved :	Yes	No	Date Recieved :	_____
Placards Requested:	_____	Placards Issued:	_____	_____
Reviewer's Signature/Date:	_____	Comments :	_____	_____
Amount Paid/Date:	_____	Recieved By:	_____	_____