



**ESSENTIAL WORKERS PERMIT
APPLICATION FORM**

1 Name of Company:		
2 Name of Applicant: Mr/Mrs/Miss/Ms	Surname	Initials
3 Position within Business:		
4 Business Address:		
5 Type of Business:		Business Telephone Number:
6 Home Address of Applicant:		
Postcode:		
7 Details of Vehicle for which Application is being made: Registration No: Make: Model:		
The permit may have the Company Name & the Vehicle Registration or the Vehicle Registration only on the face of the permit. Please indicate on your accompanying letter which of these facilities you require.		
8 Declaration: I have read the Guidance Notes and certify that all the particulars given above are correct and that I am employed at the Business shown above.		
9 Remittance of £ Enclosed (Please make cheques and Postal Orders payable to Plymouth City Council). Do not enclose cash		
Signature:		Date:

For counter staff use:

EXPIRY DATE:	PERMIT ISSUE STAMP :
PERMIT NUMBER:	
RECEIPT NUMBER:	
AMOUNT PAID:	
CHEQUE/P.O./CASH/CARD:	
COMPUTER UPDATE STAMP : (Back office staff use)	