APPLICATION FOR FARMER'S MARKET PARKING PERMIT
CITY OF WAUPACA

NAME _____
PRINT

ADDRESS _____

_____
CITY STATE ZIP

I/WE HEREBY APPLY FOR A PARKING PERMIT TO SELL_____
IN THE OFFICIALLY DESIGNATED PARKING ZONES.

MAKE OF VEHICLE _____

LICENSE PLATE NUMBER_____

_____
SIGNATURE

_____
DATE

FOR OFFICE USE:

Date Filed: _____

Fee $75.00

Receipt No. _____

License No. _____

Date Issued _____