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.

PHONE NUMBER_____

MAKE OF VEHICLE_____

LICENSE PLATE NUMBER_____

_____
SIGNATURE

_____
DATE

FOR OFFICE USE:

Date Filed: _____

Fee $120.00

Receipt No. _____

Date Issued _____

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