**WICKLOW COUNTY COUNCIL**

***COMHAIRLE CHONTAE CHILL MHANTÁIN***

**MUNICIPAL DISTRICT OF GREYSTONES**

***CEANTAR BARDASACH NA gCLOCHA LIATHA***

***Please forward Applications***

***& queries to the following***

***address only:***

**APPLICATION FOR A ONE YEAR VOLUNTARY/EMERGENCY/**

**MEDICAL SECTOR PARKING PERMIT** Parking Section,

**(VEMP01-001)** Bray Municipal District,

Civic Centre, Main Street,

Bray, Co. Wicklow.

Tel: 01-2744900

**PLEASE ANSWER ALL QUESTIONS AND SEE CONDITIONS ON PAGE 2 OF THIS FORM**

Company / Organisation Name (Block Capitals)­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Charity Number (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s name (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organisation Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organisation Address (Block Capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engine Capacity (C.C.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I DECLARE THAT THE PARTICULARS IN THIS APPLICATION ARE TRUE**.

Company/Organisation Authorised Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**The fee for a Voluntary/Emergency Response Parking Permit, which must accompany this application, is €25.00 per annum. Permits are limited to two per organisation.**

**The fee for a Medical Professional/HSE staff Parking Permit, which must accompany this application, is €500.00 per annum.**

**The fee for Replacement Permit/Alterations/Change of Vehicle etc is €50.00.**

**Cheques/Postal Orders etc., should be made payable to Wicklow County Council. Please DO NOT forward cash by post.**

**CARD PAYMENT OPTIONS**

Please debit my Card with the amount indicated

**Master Card Visa Credit Visa Debit**

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**Cardholder Expiry**

**Signature Date**

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**Phone Number**

***PLEASE NOTE THE FOLLOWING*:**

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

**THE RENEWAL OF A PERMIT IS THE RESPONSIBILITY OF THE COMPANY/ORGANISATION. A PERMIT IS ONLY VALID FOR THE VEHICLE AND THE PERMIT PARKING AREA INDICATED ON THE PERMIT. ALL DAY PARKING IS PERMITTED WHEN DISPLAYING A VALID PERMIT FOR THE SPECIFIED AREA.**

**IF YOU DISPOSE OF YOUR VEHICLE, YOUR PERMIT IS NO LONGER VALID AND MUST BE RETURNED TO THIS OFFICE IMMEDIATELY.**

**REPLACEMENT PERMITS WILL BE ISSUED AT A COST OF €50 IN THE EVENT THAT THE PERMIT IS LOST/STOLEN OR TRANSFERRED TO ANOTHER VEHICLE.**

**IMPORTANT CHECK LIST**

**ENCLOSE YOUR PROOF OF COMPANY / ORGANISATION OPERATION AND EMPLOYMENT / MEMBERSHIP OF SAME, COPY OF INSURANCE CERTIFICATE FOR THE VEHICLE, DRIVING LICENCE AND FEE.**

**WITH THIS APPLICATION YOU MUST;**

1. **Supply to this office current documentary evidence of operation of company/organisation to support your application.**
2. **Supply a photocopy of the current insurance certificate for the vehicle indicating your name, Company address and car registration. If the car is registered in the name of a company you must supply a copy of the current insurance certificate for the vehicle AND a letter from the company stating that you are employed by them, your address, the car registration and that you have habitual use of the vehicle, AND**
3. **Supply a photocopy of current driving licence, AND**
4. **Supply any other information requested by Wicklow County Council.**

**Office Use Only:**

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| Company Documents supplied: |
| Payment details: VEMP01-001 |
| Permit number: |