



Chester Parking Authority

Merchant Parking Registration Form

Applicant Information

Full Name: _____ Cell Phone #: _____

Home Address: _____

Email Address: _____

Merchant Information

Name of Store/Business: _____ Phone #: _____

Address:

Vehicle Information

License Plate #: _____ State: _____

Make (Manufacturer): _____ Model: _____

Color: _____

IMPORTANT: Merchant parking permits are digital, or plate-based, so if you drive a loaner vehicle or any vehicle with a different plate number please notify the Parking Office, in person or by phone at (484) 480-4423, to provide the plate number of this vehicle.

OFFICIAL USE ONLY

Registration Date _____ Expiration Date _____ Location _____

AutoPROCESS Index # _____ CPA Staff _____