



City of Artesia

Merchants Discount Permit Parking Program Application

18747 Clarkdale Avenue, Artesia, CA 90701

Phone: (562) 865-6262 • Fax (562) 865-6240 • www.cityofartesia.us

APPLYING FOR: Monthly Quarterly Yearly

MERCHANT INFORMATION

Name: _____ Title: _____

Business Name: _____

DBA Name (if applicable) _____

Business Address: _____ Phone: _____

EMPLOYEE INFORMATION

| Name (First, Last) | Phone |
|--------------------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

I certify that my company or I currently employ the person(s) listed in this application, and that he/she meets the City of Artesia’s merchant/employee discount program requirements.

Signature _____ Date: _____

OFFICE USE ONLY

Number of Permits: _____ Issue Date: _____ Exp. Date: _____

1. Permit #: _____ 2. Permit #: _____ 3. Permit #: _____ 4. Permit #: _____ 5. Permit #: _____

6. Permit #: _____ 7. Permit #: _____ 8. Permit #: _____ 9. Permit #: _____ 10. Permit #: _____

Issued by: _____ Received by: _____

Payment Amount: _____ Check # _____ Cash: _____ Credit Card: _____ Other: _____