

## MOTOR COACH PERMIT APPLICATION TOURING/TRANSPORTING WITHIN THE CITY OF SAVANNAH, GA

Date of Application:					
Group Name:			<del></del>		
Group Contact:	Group Phone	#:			
Address of Group:	City:	State	: Zip	):	
Coach Company:					
Address of Coach Co. :		City:	Sta	te:	_ Zip:
Include information if multiple coaches are Number of Vehicles: Length of		=	Wi	dth of Coac	:h:
Coach License Number(s)/State:		Color	r of Coach: _		
PLEASE COMPLETE THE FOLLOWI	NG INFORMATION E	SASED ON THE TYPE O	F PERMIT YO	OU ARE API	PLYING FOR.
☐ Motor Coach Transportation Per ☐ Motor Coach Tour Permit (muss ☐ Multi-Day Combo Permit (trans Will the coach park downtown overnig Name of Accommodation & Address:	t employ the services sportation and tour Party   ght?   Yes   No	of a local tour guide) ermit) If yes, where?		\$	30.00/day 30.00/72 hours
Arrival Date & Time:	Arrival Pla	ce:			
Departure Date & Time:	Departure	Place:			
Tour or Transportation Date(s): Tour or Transportation Hours:					
Tour or Transportation Destination(s):					
** If multiple destinations, please provide	a copy of the tour itine	rary			
Local Tour Company:**Any motor coach touring the City must of					
# of Passengers: # of C	omps ( <i>Driver/escort/</i>	tour guide excluded fro	om passenge	er count): _	
Indicate how the preservation fee will be paid:					
Name of Company remitting payment	•				