

2024

PARKING TAX REGISTRATION FORM

1. BUSINESS NAME:			
2. BUSINESS ADDRESS:			
2A.	Street	Suite	
za.			
l	City	State	Zip
3. FEDERAL ID NUMBER:			
4. FACILITY LOCATION:			
5. FACILITY NAME:			
6. FACILITY INFORMATION:	A □ Surface Lot	☐ Garage	
l'	B □ Manually Issued Tickets	☐ Automatic Ticket Equi	ipment
	C □ Leased Spaces Only	☐ Leased Spaces and Tra	
	D □ Computerized Reporting System	☐ Manual Reporting Sys	tem
	E □ Attendant on Premises		
7. TOTAL NUMBER OF SPACES:	8. N	NUMBER OF FREE SPACES:	
PERSON RESPONSIBLE FOR REI	PORTING AND REMITTING PARKING TAX:		
9. NAME:			
10. TITLE:			
11. MAILING ADDRESS:			
II. WHIDING LEDILES.	Street Ci	ty State	Zip
12A. TELEPHONE:		12B. FAX:	
13. EMAIL:			
2024 ANNUAL LICENSE	FEE: 14. BASE RATE:		
	15. TOTAL NUMBER OF SI	PACES X \$2.00:	
	16. TOTAL FEE (ADD LINES	12 AND 13):	
or any regulation or requirement mad (\$600.00) and costs of prosecution fo	vant or employee, thereof, who fails, neglects or refused pursuant thereto and authorized thereby shall, upour each offense, to be collected as other fines and cost ty days. The fine imposed by this section shall be in	n conviction thereof be fined not make are by law collectible and, in defa	nore than six hundred dollars ault of payment thereof, shall
Under penalties of perjury, I declare	that I have examined this application, and to the best	of my knowledge and belief it is t	rue, correct and complete.
SIGNATURE	PRINTED NAME/TITLE		DATE