

**CITY OF MIAMI PARKING SURCHARGE  
ANNUAL REGISTRATION FORM  
2016 - 2017  
NON-PAID PARKING FACILITY**

PROPERTY NUMBER

This number refers to this property only. Please reference on all remittances.

**PARKING FACILITY LOCATION**

(Location address should be the same address as listed on the Business Tax Receipt and Certificate of Use for this facility)

CITY OF MIAMI BUSINESS TAX RECEIPT NUMBER

CITY OF MIAMI CERTIFICATE OF USE NUMBER

**MAXIMUM VEHICLE CAPACITY**

**WHICH OF THE FOLLOWING BEST DESCRIBES THIS FACILITY?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Surface Lot   | <input type="checkbox"/> Garage (free standing) | <input type="checkbox"/> Garage (attached to building) |
| <input type="checkbox"/> Garage w/ Surface Lot   | <input type="checkbox"/> Wrecker Storage        | <input type="checkbox"/> Repair Shop Storage           |
| Is this facility used for Valet Parking? <input type="checkbox"/> Yes      No <input type="checkbox"/> |   | <input type="checkbox"/> Other _____                   |

**PROPERTY OWNER INFORMATION**

OWNER'S NAME \_\_\_\_\_

(Owner's name as appears on the Miami-Dade Property Tax files)

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

FAX NUMBER ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**OPERATOR INFORMATION**

OPERATOR'S NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

FAX NUMBER ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Attachment: (Your registration will not be processed without this information)**

Attach a schematic or drawing of parking facility perimeters. Include the names and/or numbers of the streets bordering the facility and indicate all entrances and exits.

The undersigned represents that the above referenced parking facility is a non-revenue generating facility. The undersigned also acknowledges that the Parking Surcharge Administration must be informed prior to a change of status for this facility.

\_\_\_\_\_  
Signature of Business Tax Receipt Applicant

\_\_\_\_\_  
Date

( ) \_\_\_\_\_  
Telephone

Return completed form to:

**Complete Consulting Services Group  
2650 Biscayne Boulevard  
Miami, FL 33137  
(305) 573-4300**

**FOR OFFICE USE ONLY:**

Verified and Entered by: \_\_\_\_\_

Date: \_\_\_\_\_