

**CITY OF MIAMI PARKING SURCHARGE
ANNUAL REGISTRATION FORM
2020 - 2021
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 <input type="checkbox"/> 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: _____