CITY OF MIAMI PARKING SURCHARGE
ANNUAL REGISTRATION FORM
2017 - 2018
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?

☐ Surface Lot ☐ Garage (free standing) ☐ Garage (attached to building)
☐ Garage w/ Surface Lot ☐ Wrecker Storage ☐ Repair Shop Storage
Is this facility used for Valet Parking? ☐ Yes No ☐ ☐ 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: _____