

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

PROPERTY NUMBER

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

**FACILITY INFORMATION**

**FACILITY NAME** \_\_\_\_\_

**FACILITY ADDRESS** \_\_\_\_\_

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

**ZIP** \_\_\_\_\_ **AREA** \_\_\_\_\_ **COMMISSIONER** \_\_\_\_\_ **CATEGORY** \_\_\_\_\_

CITY OF MIAMI BUSINESS TAX RECEIPT NUMBER

  

CITY OF MIAMI CERTIFICATE OF USE NUMBER

**Location Start Date**

**Former Operator** \_\_\_\_\_

**MAXIMUM VEHICLE CAPACITY**

(If start date is after 9/1/99)

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

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Garage         | <input type="checkbox"/> Attached    | <input type="checkbox"/> Free Standing                           |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Surface Lot | <input type="checkbox"/> Is this facility used for Valet Parking |

**Other** \_\_\_\_\_

**WHICH OF THE FOLLOWING BEST DESCRIBES THE CONTROLS FOR LEASED (MONTHLY) PARKING FOR THIS FACILITY?**

- |  |   |
|--|---|
| <input type="checkbox"/> Hangtags          | <input type="checkbox"/> Electronic Control Cards with Access Gates |
| <input type="checkbox"/> Permits or Decals | <input type="checkbox"/> Other - Please Explain: _____              |

**CHECK ALL OF THE FOLLOWING THAT DESCRIBE THE CONTROLS FOR VISITOR/TRANSIENT PARKING FOR THIS FACILITY?**

- |   |  |
|---|--|
| <input type="checkbox"/> Manually Issued Tickets                                    | <input type="checkbox"/> Manual Collection of Revenue    |
| <input type="checkbox"/> Automatic Ticket Dispensing Machine                        | <input type="checkbox"/> Attendant Operated Fee Computer |
| <input type="checkbox"/> Unattended Facility with Coin Machine, Meters or Honor Box |  |
| <input type="checkbox"/> Other - Please Explain: _____                              |  |

**FOR WHAT TYPE OF PARKING IS THIS FACILITY USED?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Leased (Monthly) Parking | <input type="checkbox"/> Visitor (transient) Parking | <input type="checkbox"/> Vehicle Storage |
| # of spaces _____                                 | # of spaces _____                                    | # of spaces _____                        |

**\*\*\* IMPORTANT \*\*\***

**RATE INFORMATION (Before Sales Tax and Surcharge)**

Please describe in detail all of the various rates for this facility.

Please include all monthly (lease), daily (incremental), flat, event, weekend rates, etc.

All parking operators and/or owners must notify the City in writing of any changes in their parking rates within seven (7) days

**PROPERTY OWNER INFORMATION**

PROPERTY NUMBER \_\_\_\_\_

check here if owner is to receive correspondence regarding the parking surcharge

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**

check here if operator is to receive correspondence regarding the parking surcharge

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. Please notify our office of any alterations made to any location by way of a revised drawing within seven (7) days of any alteration.

\_\_\_\_\_  
*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: \_\_\_\_\_