

**CITY OF MIAMI PARKING SURCHARGE
ANNUAL REGISTRATION FORM
2023 - 2024
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: _____