

**CITY OF MIAMI PARKING SURCHARGE
ANNUAL REGISTRATION FORM
2024 - 2025**

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
of spaces _____ | <input type="checkbox"/> Visitor (transient) Parking
of spaces _____ | <input type="checkbox"/> Vehicle Storage
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: _____