

**CITY OF MIAMI PARKING SURCHARGE
ANNUAL REGISTRATION FORM
2011 - 2012**

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

FACILITY INFORMATION

FACILITY ADDRESS _____	FACILITY NAME _____
(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	<input style="width:100%;" type="text"/>
CITY OF MIAMI CERTIFICATE OF USE NUMBER	<input style="width:100%;" type="text"/>
Location Start Date <input style="width:100px;" type="text"/>	Former Operator _____
MAXIMUM VEHICLE CAPACITY <input style="width:100px;" type="text"/>	(If start date is after 9/1/99)

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"/> 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

