



CITY OF LOS ANGELES
CALIFORNIA

ERIC GARCETTI
MAYOR

CLAIRE BARTELS
DIRECTOR OF FINANCE
CITY TREASURER

PARKING OCCUPANCY TAX COLLECTION BOND/ESCROW CASH DEPOSIT APPLICATION

City of Los Angeles
Office of Finance
P.O. Box 53234, Los Angeles CA 90053-0234
(213) 744-9750
finance.autopark@lacity.org

APPLICANT INFORMATION	I, Applicant, am the auto park operator and am submitting this Parking Occupancy Tax Collection Bond/Escrow Cash Deposit application for the parking facility/location listed herein. I understand this application must be complete to be accepted by the Office of Finance for review.
Legal Name of Auto Park Operator:	
DBA, if applicable:	
Business Tax Registration Certificate Account Number:	
FEIN or SSN:	
Mailing Address:	
Telephone Number:	
Email Address:	

BUSINESS STRUCTURE

SOLE PROPRIETOR

Name of Owner: _____

Business Address: _____
Please do not use P.O. Box here Street Address City State Zip Code

Social Security No. (SSN): _____

PARTNERSHIP

Name of General Partner: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

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Name of Partner: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Partner: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Partner: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Partner: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Please add a separate page if additional space is needed to list all partners

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CORPORATION

Secretary of State Corporate ID No.: _____ **State:** _____

Please List Corporate Officers & Shareholders

Name of President/CEO: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Chief Financial Officer: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

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Name of Corporate Secretary: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Other Corporate Officer (include title): _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Director: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Director: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Other Shareholder: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Name of Other Shareholder: _____

Percentage of Ownership: _____ **Telephone Number:** _____

Business Address: _____
Street Address City State Zip Code

Please add a separate page if additional space is needed to list all Corporate Officers, Directors, or Shareholders

PARKING OCCUPANCY TAX COLLECTION BOND/ESCROW CASH DEPOSIT APPLICATION

Parking Facility/Location Information

Parking Facility/Location Primary Physical Address: _____
Street Address City State Zip Code

Other Address Used For This Facility/Location: _____
Street Address City State Zip Code

ATTENTION: Attach a schematic or drawing of this parking facility's 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 thirty (30) days of any alteration. **Please note that your application will not be processed without this information.**

Leasehold Information

Lessor Name: _____

Lessor Address: _____
Street Address City State Zip Code

Lease Dates: Beginning ___ / ___ / ___ **to Ending** ___ / ___ / ___

Management Agreement Information

Name of Property Owner: _____

Name of Property Manager: _____

Property Owner Mailing Address: _____
Street Address City State Zip Code

Property Manager Mailing Address: _____
Street Address City State Zip Code

Contract Dates: Beginning ___ / ___ / ___ **to Ending** ___ / ___ / ___

Type of Parking Facility: Surface Lot ___ Commercial Building ___
Free-standing Garage ___ Attended Lot ___ Unattended Lot ___ Other (explain) _____

Type of Parking Offered (check all that apply): Daily ___ Coin/Meter ___ Monthly ___

Lease ___ Valet Services ___ Validated ___ Special Event(s) ___

Days of Week Operated: _____ **Hours of Operation:** _____

No. of Parking Spaces: _____ **Maximum Vehicle Occupancy:** _____

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Revenue Control Equipment Installed: Yes or No _____

Type of Revenue Control Equipment Installed: _____

If No Revenue Control Equipment Installed, Please Describe Controls In Place for Daily Parking Receipts: _____

If No Revenue Control Equipment Installed, Please Describe Controls In Place for Monthly Parking Receipts: _____

Special Event(s): Description of Special Event _____

Location of Parked Vehicles if different than above Primary Physical Address:

Street Address City State Zip Code

Valet Services: Description of Valet Services Provided _____

Location of Parked Vehicles if different than above Primary Physical Address:

Street Address City State Zip Code

I declare, under penalty under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.

Signature _____ Date _____

Title _____

Daytime Telephone Number _____ Email Address _____

Please submit the signed form to the address below:

**City of Los Angeles
Office of Finance
P.O. Box 53234
Los Angeles CA 90053-0234**

Information regarding the Parking Occupancy Tax Collection Bond requirements, Parking Occupancy Tax, POT Collection Bond EXEMPTION, Tax Enforcement Programs and L.A.M.C. Section 21.15.6 are available at the Office of Finance website: finance.lacity.org.

Please note that the Parking Occupancy Tax Collection Bond EXEMPTION is effective July 1, 2017

PARKING OCCUPANCY TAX COLLECTION BOND/ESCROW CASH DEPOSIT APPLICATION

CITY HALL OFFICE

City Hall 200 N. Spring St.
 (Use Main St. Entrance) Rm 101 PHONE (844) 663-4411 Open Mon. through Fri. 8 AM to 5 PM

BRANCH OFFICES AND HOURS

Van Nuys Braude Constituent Svcs. Center Rm 110 PHONE (844) 663-4411 Open Mon. through Fri. 8 AM to 5 PM
Civic Center 6262 Van Nuys Blvd

West Los Angeles 1828 Sawtelle Blvd. Rm 102 PHONE (844) 663-4411 Open Mon. through Fri. 8 AM to 5 PM

AN EQUAL EMPLOYMENT OPPORTUNITY – AFFIRMATIVE ACTION EMPLOYER

ATTENTION – PLEASE READ

Non-financial information such as name, business address (including home-based businesses), mailing address, etc., contained in your City of Los Angeles tax and permit records, is subject to public disclosure under provisions of the California Public Records Act, Government Code Section 6250 et seq. Your residential information may also be subject to public disclosure if that location is utilized for business and/or mailing purposes.

If you are unclear if this applies to you, please ask for clarification from a public counter staff person.

For the latest information about these and other issues, visit our website at finance.lacity.org, call our taxpayer assistance line at (844) 663-4411, or call or visit any of our branch offices listed above.