



**CITY OF LOS ANGELES  
CALIFORNIA**

ERIC GARCETTI  
MAYOR

**DIANA MANGIOGLU**  
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

<b>APPLICANT INFORMATION</b>	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.
<b>Legal Name of Auto Park Operator:</b>	
<b>DBA, if applicable:</b>	
<b>Business Tax Registration Certificate Account Number:</b>	
<b>FEIN or SSN:</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	

**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

**PARKING OCCUPANCY TAX COLLECTION BOND/ESCROW CASH DEPOSIT APPLICATION**

**Name of 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

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**Name of 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

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

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**Name of Chief Financial Officer:** \_\_\_\_\_

**Percentage of Ownership:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street Address City State Zip Code

**PARKING OCCUPANCY TAX COLLECTION BOND/ESCROW CASH DEPOSIT APPLICATION**

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

**PARKING OCCUPANCY TAX COLLECTION BOND/ESCROW CASH DEPOSIT APPLICATION**

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](http://finance.lacity.org).

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

