



PARKING OCCUPANCY TAX APPLICATION FOR REGISTRATION NUMBER

If you are currently registered, please provide your account number: _____

PARKING OCCUPANCY TAX (POT) INFORMATION

Type of Parking Facility: (Please check all that apply)

Surface Lot: Commercial Building: Free-standing Garage: Attended Lot: Unattended Lot:

Type of Parking Offered: (Please check all that apply):

Daily: Coin/Meter: Monthly: Lease: Valet Services: Validated: Special Event(s):

Days of Week Operated: _____ **Hours of Operation:** _____ **Number of Parking Spaces:** _____

Maximum Vehicle Occupancy: _____ **Mode of Payments:** (check all that apply) Credit Card Cash

Please describe additional services that you provide, including valet services, storing of vehicles, etc. _____

The following information is subject to disclosure

Business Type (check one): Individual Corporation Partnership LLC Trust
Please print or type

Legal Name: _____
Do not use DBA here

Business Address: _____
Do not use P.O. Box
Check appropriate box Street address Commercial location Residence
City State Zip Code

Fictitious Business Name (DBA): _____

Care Of (C/O): _____

Mailing Address: _____
Check appropriate box Street address or P.O. Box Commercial location Residence
City State Zip Code

Starting date of business in the City of Los Angeles: Month _____ Day _____ Year _____

Federal Employer Identification Number (FEIN): _____

Business E-mail Address: _____ **Business Phone Number:** _____

Contact Person: _____ **Title:** _____

Calendar Year 20 __	Calendar Year 20 __	Calendar Year 20__	Calendar Year 20__
Jan _____	Jan _____	Jan _____	Jan _____
Feb _____	Feb _____	Feb _____	Feb _____
Mar _____	Mar _____	Mar _____	Mar _____
Apt _____	Apt _____	Apt _____	Apt _____
May _____	May _____	May _____	May _____
Jun _____	Jun _____	Jun _____	Jun _____
Jul _____	Jul _____	Jul _____	Jul _____
Aug _____	Aug _____	Aug _____	Aug _____
Sep _____	Sep _____	Sep _____	Sep _____
Oct _____	Oct _____	Oct _____	Oct _____
Nov _____	Nov _____	Nov _____	Nov _____
Dec _____	Dec _____	Dec _____	Dec _____

DECLARATION

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

Signature of owner or agent _____ Date _____

Print your name _____ Phone Number _____

Title _____ Email _____

Please sign and email the completed form to: finance.autopark@lacity.org or mail to the address provided on the front page of this form.

ATTENTION - PLEASE READ

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 following Office of Finance link: <https://finance.lacity.org/mandatory-parking-occupancy-tax-collection-bond-requirement>

Parking Lots that may be subject to a Police Permit should inquire with LAPD Criminal Investigation Division to determine necessary permits at (213) 996-1210.

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.