



**CITY OF BURBANK
FINANCIAL SERVICES DEPARTMENT
TRANSIENT PARKING TAX APPLICATION – Pursuant to BMC Sec. 2-4-1907**

Name of Entity/Parking Facility or Operator/Owner

| | | | |
|-------------|-------------|---------------------|-------|
| Corporation | Partnership | Sole Proprietorship | Other |
|-------------|-------------|---------------------|-------|

Federal Tax ID Number or Social Security Number

Nature/Description/Type of Business

Parking Facility Address

Mailing Address (if different)

Printed Name of authorized operator

Name of managing agent (if different than authorized operator)

I UNDERSTAND THAT THIS APPLICATION IS NOT PROOF OF FINAL APPROVAL OF A LICENSE, PERMIT, OR TAX CERTIFICATE. THIS IS ONLY AN APPLICATION FOR A "TRANSIENT PARKING REGISTRATION CERTIFICATE". I FURTHER UNDERSTAND THAT, FOR THE PURPOSES OF THIS ARTICLE, WHEN AN OPERATOR PERFORMED HIS OR HER FUNCTIONS ON BEHALF OF A PROPERTY MANAGEMENT COMPANY OR DIRECTLY FOR THE PROPERTY OWNER, ALL THESE PARTIES HAVE THE SAME DUTIES AND LIABILITIES.

Signature

Date

Title

Telephone Number

Please email to AccountsReceivable@burbankca.gov, questions please call (818) 238-5500

Office Use Only

Date Received

Approved/Denied

Date Approved/Denied

Date Issued

Certificate Number

Security deposit Received *only if needed (BMC Sec. 2-4-1910

No Yes Amount