



CITY OF OAKLAND
 REVENUE DIVISION
 150 Frank H Ogawa Plaza, Suite 5342
 Oakland, California 94612
 Office Hours: Mon-Fri (8:30am – 4:00pm)

PARKING TAX REGISTRATION FORM

NOTE: A separate form must be filed for each parking station

Oakland Business Tax Certificate # (required): _____

Business Name: _____ Start Date: _____

Doing Business As: _____

Business Address: _____

Parking Station Address: _____

Parking Station Parcel Number(s): _____
 (Alameda County Property Tax Assessor's Reference Number)

Type of Ownership: Sole Proprietor Partnership Corporation LLC Limited Partnership Other _____

Federal Tax ID#/Social Security #: _____

Owner Name(s):	First Name	M. I.	Last Name	Title
(If Partnership, list all partners)	(1)	_____	_____	_____
If Corporation, list all principal officers.)	(2)	_____	_____	_____
	(3)	_____	_____	_____

MANAGING AGENT:

Business Name: _____

Business Address: _____

Mailing Address: _____

Contact's Name: _____

Contact's Phone: _____ Federal Tax ID#/Social Security #: _____

Is Parking Station: Monthly _____ Daily _____ Hourly _____ or All _____

Number of Parking Spaces: _____

PROPERTY OWNER / LANDLORD:

Name: _____

Address: _____

I declare under penalty that to my knowledge all information contained in this statement is true and correct.

Signed: _____ Title: _____ Date: _____