



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