

**The City of York, Pennsylvania**

Department of Business Administration  
101 South George Street, P. O. Box 509  
York, PA 17405

**2014****PARKING TAX REGISTRATION FORM**

|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|----------------------------------------|---------------------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--|
| 1 BUSINESS NAME:                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 2 BUSINESS ADDRESS:                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 2A :                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
|                                                          | Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Suite                    |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
|                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
|                                                          | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State                    | Zip                  |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 3 FEDERAL ID NUMBER:                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 4 FACILITY LOCATION:                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 5 FACILITY NAME:                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 6 FACILITY INFORMATION:                                  | <table border="0"><tr><td>A <input type="checkbox"/> Surface Lot</td><td><input type="checkbox"/> Garage</td></tr><tr><td>B <input type="checkbox"/> Manually Issued Tickets</td><td><input type="checkbox"/> Automatic Ticket Equipment</td></tr><tr><td>C <input type="checkbox"/> Leased Spaces Only</td><td><input type="checkbox"/> Leased Spaces and Transient Parking</td></tr><tr><td>D <input type="checkbox"/> Computerized Reporting System</td><td><input type="checkbox"/> Manual Reporting System</td></tr><tr><td>E <input type="checkbox"/> Attendant on Premises</td><td></td></tr></table> |                          |                      | A <input type="checkbox"/> Surface Lot | <input type="checkbox"/> Garage | B <input type="checkbox"/> Manually Issued Tickets | <input type="checkbox"/> Automatic Ticket Equipment | C <input type="checkbox"/> Leased Spaces Only | <input type="checkbox"/> Leased Spaces and Transient Parking | D <input type="checkbox"/> Computerized Reporting System | <input type="checkbox"/> Manual Reporting System | E <input type="checkbox"/> Attendant on Premises |  |
| A <input type="checkbox"/> Surface Lot                   | <input type="checkbox"/> Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| B <input type="checkbox"/> Manually Issued Tickets       | <input type="checkbox"/> Automatic Ticket Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| C <input type="checkbox"/> Leased Spaces Only            | <input type="checkbox"/> Leased Spaces and Transient Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| D <input type="checkbox"/> Computerized Reporting System | <input type="checkbox"/> Manual Reporting System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| E <input type="checkbox"/> Attendant on Premises         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                      |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |
| 7 TOTAL NUMBER OF SPACES:                                | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 NUMBER OF FREE SPACES: | <input type="text"/> |                                        |                                 |                                                    |                                                     |                                               |                                                              |                                                          |                                                  |                                                  |  |

**PERSON RESPONSIBLE FOR REPORTING AND REMITTING PARKING TAX:**

|                     |                      |          |                      |
|---------------------|----------------------|----------|----------------------|
| 9 NAME:             | <input type="text"/> |          |                      |
| 10 TITLE:           | <input type="text"/> |          |                      |
| 11 MAILING ADDRESS: | <input type="text"/> |          |                      |
|                     | Street               | City     | State Zip            |
| 12A TELEPHONE:      | <input type="text"/> | 12B FAX: | <input type="text"/> |
| 13 EMAIL:           | <input type="text"/> |          |                      |

|                                 |                                      |                                       |
|---------------------------------|--------------------------------------|---------------------------------------|
| <b>2014 ANNUAL LICENSE FEE:</b> | 14. BASE RATE:                       | <input type="text" value="\$100.00"/> |
|                                 | 15. TOTAL NUMBER OF SPACES X \$2.00: | <input type="text"/>                  |
|                                 | 16. TOTAL FEE (ADD LINES 12 AND 13): | <input type="text"/>                  |

Any person or any officer, agent, servant or employee, thereof, who fails, neglects or refuses to comply with any of the terms or provisions of this article, or any regulation or requirement made pursuant thereto and authorized thereby shall, upon conviction thereof be fined not more than six hundred dollars (\$600.00) and costs of prosecution for each offense, to be collected as other fines and costs are by law collectible and, in default of payment thereof, shall be imprisoned for not more than thirty days. The fine imposed by this section shall be in addition to any other penalty imposed by any other section of this article.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE

PRINTED NAME/TITLE

DATE