



**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
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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

Name

Telephone Number

Title

Email

Please email application to [AccountsReceivable@burbankca.gov](mailto:AccountsReceivable@burbankca.gov), questions please call (818) 238-5500

**Office Use Only**

Date Received

Date Approved

Date Issued

Certificate Number

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

No  Yes  Amount