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AUTO PARK PERMIT APPLICATION

OFFICIAL USE ONLY	
BL #	
Date Stamp	

Business Entity Information

PLEASE NOTE: For questions about this form, contact the Transportation Engineering and Management Department. Once this form has been completed, return it to the Business License Office along with the Business License Application.

Legal Business Name /DBA:			Business License #:		
Mailing Address:				Business Phone:	
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Email:			Alternate Phone:		
			<input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Other		

Physical Location/Property Description

Auto Park Address:				Duration of Operation	
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Enter size of lot below:				Operating Days	M T W TH F S S
Feet ×	Feet =	Square Feet		Operating Hours	AM To PM
Wheel stops in Place		Lot Surface:		Number of Parking Spaces	
Guard Rails		Portland Cement Concrete		Number of Entrances	
Signs in Place		Asphalt Concrete		Number of Exits	

Proposed Parking Rates					
	Monthly	Weekly	Daily	Hourly	Weekend Daily
Regular Rates	\$	\$	\$	\$	\$
Holiday/Special	\$	\$	\$	\$	\$

A scale drawing of the parking lot must be attached on a separate piece of paper.

This box is for Transportation Engineering and Management Use only

SANTA MONICA AUTOPARK PERMIT APPLICATION