



**City of
Santa Monica**

Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

AUTO PARK PERMIT APPLICATION

OFFICIAL USE ONLY	
BL #:	
Date Stamp	

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.

BUSINESS ENTITY INFORMATION

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 =		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.

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