



City of Cleveland
Division of Assessments & Licenses

OFFICE USE ONLY	
DAL FORM: #45701	
REVISED DATE: 11/01/15	
LUFU	-
STICKER #	-

2022-2023 Application for Parking Place License

1. Parking Place Address: _____
(Street Number & Name – Required)
2. Parking Place Location: _____
(E.g. SW corner E 9th & Superior)
3. Permanent Parcel Number(s): _____
(From County Records - Required)
4. Operator Legal Name: _____
5. Ownership Type: _____ State of Incorporation: _____
 - Individual (Sole Proprietorship) Attach the statement of use of a fictitious name.
 - Corporation Attach the names and addresses of the officers and statutory agent, with the date and state of incorporation.
 - Partnership Attach the names and addresses of all partners, limited and general.
 - Limited Liability Company Attach the names and addresses of all members.
 - Trust Attach the names and addresses of all trustees.
 - Other Attach a description of the entity, with a principal point of contact.
6. SS Number: _____ or Federal ID: _____
7. Trade (DBA) Name: _____
8. Mailing Address: _____

Street	City	State	Zip Code
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9. Business Address: _____

Street	City	State	Zip Code
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10. Business Telephone: _____
11. Legal Property Owner's Name: _____
12. Property Owner's Address: _____

Street	City	State	Zip Code
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13. Property Owner's Phone Number: _____
14. Number of Parking Spaces in Lot/Garage: _____
15. Please indicate parking place type: Surface Lot Garage (Structure)
16. Please indicate ticket system: Manually Issued Machine Issued
17. Start Date: _____ Former Operator: _____
(Date became operator of location) (If this is a new lot see line 21 for further instructions)

Hourly Rates (Required, if used) _____

0-1 \$ _____

1-2 \$ _____

2-3 \$ _____

3-4 \$ _____

4-5 \$ _____

5-6 \$ _____

6-7 \$ _____

7-8 \$ _____

8+ \$ _____

Fixed Rates (Required, if used) _____

Fixed/Flat Rate \$ _____

Early Bird Rate \$ _____

Nightly Rate \$ _____

Special Event Rate \$ _____

Weekend Rates (Required, if used)

Saturday \$ _____

Sunday \$ _____

Lease Rates (Required, if used)

Weekly \$ _____

Monthly \$ _____

18. Hours when motor vehicles may be stored: _____

19. Hours when attendant is on premises: _____

20. Number of bicycle spaces in lot/garage: _____

21. **If this is a new parking place or this facility has undergone a material change** rendering any previously submitted site plan and drawing inaccurate (i.e. change in space configuration or landscaping, etc.), submit revised plans as referenced in § 457.02(b) of the Codified Ordinances of the City of Cleveland along with Site Plan **Fee of \$120.00** in accordance with CO § 457.03(h).

22. Attach a representative same claim check that is issued to patron.

23. Enclose Fee: \$1.00 X number of spaces (§ 457.03(g)(3)) = \$ _____

24. **Acknowledgement (Required):** I have read, understand, and agree to comply with the provisions of Chapter 457 (Public Garage and Parking Lots) and Chapter 196 (Parking Occupancy Tax) of the Codified Ordinances of the City of Cleveland and any and all rules and regulations promulgated there under.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Telephone number: _____ Email: _____

Return Application and all fees to: City of Cleveland -
Division of Assessments and Licenses
601 Lakeside Ave., Room 122
Cleveland, OH 44114