



City of  
**Santa Monica**

Revenue Division  
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Santa Monica, CA 90407-2200

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## 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:

*Number Street Unit/Suite # City State Zip*

Business Phone:

Email:

Alternate Phone:

☐ Fax ☐ Mobile ☐ Other

### PHYSICAL LOCATION/PROPERTY DESCRIPTION

Auto Park Address:

#### DURATION OF OPERATION

*Number Street Unit/Suite # City State Zip*

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

CITY OF SANTA MONICA AUTO PARK PERMIT APPLICATION