APPLICATION FOR BALTIMORE CITY SPECIAL EVENTPARKING TAX ACCOUNT NUMBER

DIRECTOR OF FINANCE
BUREAU OF REVENUE COLLECTIONS
MISCELLANEOUS TAX / LICENSE UNIT
200 HOLLIDAY ST., 1ST FL. Room 3
BALTIMORE, MARYLAND 21202

1. Name under which business is to be conducted
   _____
   (PLEASE PRINT)
2. State Department of Assessments and Taxation (SDAT)
   Identification Number_____

3. Owner _____
   (Print name of owner if different from name on line 1)
4. Location of Business _____
   (Number & Street)   (Zip Code)   (City or Town)   (State)
5. Phone Number and Email Address_____

5. Billing Address _____
   (If different form line 3) (Number & Street)   (Zip Code)   (City or Town)   (State)
6. Type of Business _____

7. Type of ownership _____
   (State whether Individual Proprietor, Partnership or Corporation)
8. Name of all Partners or
   Principal Officers of Corporation _____

9. Do you maintain a complete set of Books? _____

10. Where are your tax records maintained? _____

11. Date Opened _____

12. Is this a new business? _____

13. Have you previously had a City Acct. No.? _____ If so, give no. _____

14. City Account Number of Former Owner _____

15. Has former owner paid his tax in full? _____

16. Gross area of the parking lot, including parking spaces, driveways, entrances, exits, aisles, and facilities used in connection with the operation of the parking lot. _____

17. On a separated sheet, please provide the dates and times of the events you will be operating, a schedule of your parking fees, evidence of liability insurance and your traffic management plan.

18. Is your $220 Application Fee enclosed? Yes _____ No _____