

**CITY OF RANCHO MIRAGE**



Community Development Department  
69-825 Highway 111  
Rancho Mirage, CA 92270  
Phone 760/328-2266 Fax 760/324-9851

**PARKING CHARGE PERMIT APPLICATION**

Case No. \_\_\_\_\_ (to be assigned by Staff) Filing Fee: **\$100.00**  
Receipt No. \_\_\_\_\_  
Check No. \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Submitted To: \_\_\_\_\_  
Related Case No(s): \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(If not legal property owner, written authorization from legal owner must be attached)

Applicant's Business License No. \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Name of Business/Property for Parking Program: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street Rancho Mirage CA 92270  
City State Zip Code

Legal Property Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
Street City State Zip Code

**PROPERTY DESCRIPTION**

\_\_\_\_\_ **Hotel**

- \_\_\_\_\_ **Large: More than 200 Rooms**
- \_\_\_\_\_ **Medium: 100 to 200 Rooms**
- \_\_\_\_\_ **Small: Less than 100 Rooms**

\_\_\_\_\_ **Non-Hotel Property**  
(including Commercial, Institutional, Stand-Alone Restaurants & Country Clubs)

- \_\_\_\_\_ **Large: Over 200,000 Building Square Feet**
- \_\_\_\_\_ **Medium: 50,000 to 200,000 Building Square Feet**
- \_\_\_\_\_ **Small: Less than 50,000 Building Square Feet**

Assessor's Parcel Number(s): \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

- 1) **Applicable Fees.**
- 2) **Site Plan showing:**
  - **Buildings**
  - **Parking lot(s)**
  - **Entrances/exits from public streets**
  - **Internal circulation aisles**
  - **Disabled parking spaces**
  - **Physical elements of proposed parking program (e.g. valet parking station(s), drop-off & pick-up locations, parking attendant booths/gates, vehicle stacking aisles, designated parking spaces for valet and self-parking, etc.)**
- 3) **Narrative description of proposed “charge for parking” program including:**
  - **Start date**
  - **Name of Operator (i.e. on-site employees, contracted vendor/valet operator, etc.)**
  - **Days/times for program (i.e. Friday & Saturday night – 5 pm to Midnight, etc.)**
  - **Fee structure**
  - **Description of how the program will operate (i.e. anticipated number of parking spaces included in program, parking charges for valet and/or self-parking by attendant upon entry to (or exiting from) property, path of travel for transporting vehicles to parking locations, etc.**
  - **Any additional information to provide an accurate understanding of the proposed parking operations.**
- 4) **Executed Acknowledgement of Policies & Procedures for Paid Parking Programs (see attached).**

**IMPORTANT:**

**ANY FALSE OR MISLEADING INFORMATION SHALL BE GROUNDS FOR DENIAL**

**IF NOT LEGAL OWNER OF BUSINESS/PROPERTY, NOTARIZED AUTHORIZATION FROM OWNER OF RECORD (OR OWNER’S AGENT) MUST BE ATTACHED.**

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**Applicant’s Wet Ink Signature**

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**Date**

**ACKNOWLEDGEMENT OF CITY OF RANCHO MIRAGE POLICIES & PROCEDURES FOR PAID PARKING PROGRAMS WITHIN THE CITY OF RANCHO MIRAGE:**

- 1) **Businesses must obtain a permit from the City in order to charge guests, visitors, customers, clients and patrons for the privilege of parking.**
- 2) **All residents of the City shall be exempt from paying for the privilege of parking if they produce City-issued residency identification, which shall not be transferable.**
- 3) **All parking charges associated with overnight stays at hotel properties shall be included in revenues reported to the City and subject to the City's transient occupancy tax.**
- 4) **The City reserves the right to require modifications to any paid parking programs, for which previously issued permits have been issued and remain valid, if the City determines that the program, as approved, requires modifications to insure the appropriate flow of traffic to/from public streets, vehicle circulation within parking lots, etc.**

**ACKNOWLEDGEMENTS:**

\_\_\_\_\_  
**Parking Program Operator's Wet Ink Signature**

\_\_\_\_\_  
**Date**

**Program Operator's Name, Address & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Business/Property Owner's Wet Ink Signature**

\_\_\_\_\_  
**Date**

**Business/Property Owner's Name, Address & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_