OFFICE USE ONLY:
Cert. #:_____
Date Received: _____

APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES

City and County of San Francisco
Office of the Treasurer & Tax Collector, Business Tax Section
P.O. Box 7425, San Francisco, CA 94120-7425
Taxpayer Assistance: (415) 554-4400

JOSÉ CISNEROS, TREASURER

GEORGE PUTRIS, TAX ADMINISTRATOR

APPLICANT INFORMATION

I, Applicant, am the parking operator and am applying for a Certificate of Authority to Collect Parking Taxes for the City and County of San Francisco. I understand this application must be complete to be accepted for review.

Name of Parking Operator	Business Name

Location of Parking Station	Registration Certificate #:

Mailing Address (if different from above)	Telephone No: ( )

PART A BUSINESS STRUCTURE

Check box for type of business

☐ Sole Proprietorship (Individual, Trust, Estate)

Print Name of Owner:_____

Residential Address: _____

City/St/Zip: _____

Tel. No.: (_____) _____ - _____

Social Security #: _____ - ____ - _____

☐ Partnership (General, Limited Partnership, LLP, LLC, joint Venture, Association) Ownership must total 100%

	%Ownership	Name	Address	Tel No.	Social Security #
General Partner	%			( )	
Partner	%			( )	
Partner	%			( )	

For more partners, send attachment to this application.

☐ Corporation

Secretary of State Corporate ID No.: _____ State: _____

List Corporate Officers & Stockholders: Ownership must total 100%

Title	%Ownership	Name	Address	Tel No.	Social Security #
President/CEO	%			( )	
Chief Financial Officer	%			( )	
Secretary	%			( )	
Other: (list title)	%			( )	
	%			( )	

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APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES

PART A

BUSINESS STRUCTURE

(continued)

Title	%Ownership	Name	Address	Tel No.	Social Security #
Director	%			( )	
Director	%			( )	
Director	%			( )	
Shareholder	%			( )	
Shareholder	%			( )	
Shareholder	%			( )	

PART B

PARKING STATION INFORMATION

For multiple locations, make copies of Part B, complete one copy per location, and attach to this application which will be incorporated herewith.

Enter total number of parking stations operated by Applicant in San Francisco: _____

SECTION I – LOCATION INFORMATION

1. Business Name: _____
2. Location Address:_____
3. Block/Lot of location:_____
4. Start Date of this location:_____/_____/_____
5. Do you own the land at this location?

☐Yes, skip to SECTION III ☐No, continue to SECTION II

SECTION II – LEASEHOLD INFORMATION – **Attach a copy of your lease agreement to this application.**

6. Lessor Name:_____
7. Lessor Address: _____
8. Lease Dates: Beginning _____/____/_____ to Ending _____/____/_____
9. Monthly Rent: $_____

SECTION III – TYPE OF PARKING STATION – Check all that applies.

☐ Garage ☐ Attended ☐ Service Station

☐ Surface Lot ☐ Unattended ☐ Other:_____

SECTION IV – HOURS OF OPERATION

10. Are you open 24 hours, 7 days per week?

☐ Yes, skip to SECTION V ☐No, complete chart 11 below

11. List days and hours your business is open:

Day	Hours Open
Sunday	
Monday	
Tuesday	
Weds	
Thursday	
Friday	
Saturday	

continued on next page

PART B

PARKING STATION INFORMATION

(continued)

SECTION V – SPECIAL EVENTS

12. Provide Police Permit #:_____ Date Issued:_____/___/_____

13. List dates and locations of anticipated special events:

Dates	Description of Special Event	Location of Parked Vehicles

SECTION VI – RATES CHARGED – complete this section for this location

14. Total Monthly Collections: $_____ (average)

15. Complete this Rate Chart:

Rate type:	$ Charge	Explanation
Hourly	$	
Daily	$	
Monthly	$	# of patrons (avg):
Discounted	$	
Oversized Vehicles	$	
Lost Ticket	$	
Evening	$	
Weekend: Sat/Sun	$	
Special Events	$	
Other (describe)	$	

SECTION VII – PARKING CAPACITY - complete this section for this location

List the following:

16. Total number of parking stalls, marked and unmarked:_____

17. Maximum number of parked capacity:_____

18. Average number of daily turnover of parked vehicles: _____

19. Address of where you park overflow of vehicles:_____

20. Name and contact of other parking or valet operator sharing space at this location:

Operator Name:_____

Address:_____

City/ST/Zip:_____

Tel. No.: (_____)_____

continued on next page

PART B

PARKING STATION INFORMATION

(continued

SECTION VIII - REVENUE CONTROL EQUIPMENT (RCE) REQUIREMENTS:
Check Yes or No for each question relating to your parking station location.

21. Is there an operational RCE currently in use?.....☐ Yes ☐ No
22. Is your RCE used to track all parking transactions?.....☐ Yes ☐ No
23. At entry, does your RCE issue or track a unique ticket number?.....☐ Yes ☐ No
24. Does your RCE track space rented?.....☐ Yes ☐ No
25. Does your RCE accept credit cards? ……....☐ Yes ☐ No
26. Does the RCE receipt as issued to a parking patron include:
    a. Time and date of entry?……...…☐ Yes ☐ No
    b. Time and date of exit?...……...…☐ Yes ☐ No
    c. Total amount charged? ……..……..☐ Yes ☐ No
    d. Occupancy period? ……..…☐ Yes ☐ No
    e. The unique transaction number? …….……☐ Yes ☐ No
    f. The parking station address? ……...……☐ Yes ☐ No
    g. A valid address & phone number to handle complaints? ……...☐ Yes ☐ No

SECTION IX - PARKING TAX BOND REQUIREMENTS – **Attach a copy of your bond to this application.**
Provide the bond information on this location:

27. Name of Bond Application:_____
28. Name of Bond Surety Company:_____
29. Annual Gross Parking Receipts: $_____ for year: _____
30. Amount of Bond: $_____ Premium Amount: $_____
31. Dates of Bond coverage: Beginning _____/____/_____ to Ending _____/____/_____
32. Bond Number:_____

SECTION X - VALET PARKING OPERATION

Does your business conduct valet parking? ☐ Yes, complete below
☐ No, skip to Part C

Indicate where you park the vehicles:

☐ Fixed location at (address): _____

☐ Hotel Name _____
Hotel Address: _____
Location of where vehicles are parked: _____

☐ Restaurant Name _____
Restaurant Address: _____
Location of where vehicles are parked: _____

☐ Special Event for Name: _____
Address of Event: _____
Location of where vehicles are parked: _____

☐ Street parking at:_____

Part C: Declaration of Responsibility

Complete the appropriate Declaration of Responsibility for your type of business structure, which applies to all your locations.

As Sole Proprietorship

By signing this application form, I hereby certify under penalty of perjury that I am the person responsible for the operation of this parking station, and that I have examined the foregoing application and the information therein is to the best of my knowledge and belief, true, correct, and fully compliant with all of the requirements of Articles 6, 9 and 22 of the San Francisco Business and Tax Regulations Code. If any information included in this application should change, I agree to inform the Tax Collector of those changes in writing within five business days.

Executed this _____ day of _____, 201____, in _____

_____ _____

Signature Print Your Name

As Partnership

By signing this application form, I _____, general partner of _____ (the "Partnership"), with full power and authority to bind the Partnership, hereby certify under penalty of perjury that I am the person responsible for the operation of this parking station and that I have examined the foregoing application and the information therein is to the best of my knowledge and belief, true, correct, and fully compliant with all of the requirements of Articles 6, 9 and 22 of the San Francisco Business and Tax Regulations Code. If any information included in this application should change, the Partnership agrees to inform the Tax Collector of those changes in writing within five business days.

Executed this _____ day of _____, 201____, in _____

_____ , a _____ partnership

Name of Partnership State of organization

By _____ _____ _____

Signature of Individual Print Your Name Title

As Corporation

By signing this application form, I _____, an officer of _____ Corporation (the "Corporation"), with full power and authority to bind the Corporation, hereby certify under penalty of perjury that I am the person responsible for the operation of this parking station, and that I have examined the foregoing application and the information therein is to the best of my knowledge and belief, true, correct, and fully compliant with all of the requirements of Articles 6, 9 and 22 of the San Francisco Business and Tax Regulations Code. If any information included in this application should change the Corporation agrees to inform the Tax Collector of those changes in writing within five business days.

Executed this _____ day of _____, 201____, in _____

_____, a _____ corporation

Name of Corporation State of Incorporation

By _____ _____ _____

Signature of Officer Print Your Name Title