



## APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES FOR 2017

City and County of San Francisco  
Office of the Treasurer & Tax Collector, Business Tax Section  
P.O. Box 7425, San Francisco, CA 94120-7425

OFFICE USE ONLY:  
BAN: \_\_\_\_\_  
Date Received: \_\_\_\_\_

JOSÉ CISNEROS, TREASURER

<b>APPLICANT INFORMATION</b>	<b>I, Applicant, am the parking operator and am applying for a 2017 Certificate of Authority (COA) to Collect Parking Taxes for the City and County of San Francisco. I understand this application must be complete to be accepted for review.</b>																																	
	Name of Parking Operator		Business Name																															
	Location of Parking Station			Business Account Number (BAN)																														
Mailing Address		Telephone No:  (    )																																
<b>PART A BUSINESS STRUCTURE</b> <small>Check box for type of business</small>	<input type="checkbox"/> <b>Sole Proprietorship</b> (Individual, Trust, Estate)																																	
	Print Name of Owner: _____																																	
	Residential Address: _____																																	
	City/St/ZIP: _____																																	
Tel. No.: (____) ____ - ____																																		
Social Security #: _____ - ____ - _____																																		
<input type="checkbox"/> <b>Partnership</b> (General, Limited Partnership, LLP, LLC, joint Venture, Association) Ownership must total 100%																																		
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For more partners, send attachment to this application.																																		
<input type="checkbox"/> <b>Corporation</b>																																		
Secretary of State Corporate ID No.: _____ State: _____																																		
List Corporate Officers & Stockholders: <small>List all owners greater than 5%</small>																																		
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**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES – 2017**

<b>BUSINESS STRUCTURE</b> (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.

continued on next page

Enter total number of parking stations operated by applicant in San Francisco: \_\_\_\_\_

**SECTION I – LOCATION INFORMATION**

- Business Name: \_\_\_\_\_
- Location Address: \_\_\_\_\_
- Block/Lot of location: \_\_\_\_\_
- Start Date of this location: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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.**

- Lessor Name: \_\_\_\_\_
- Lessor Address: \_\_\_\_\_
- Lease Dates: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ to Ending \_\_\_\_/\_\_\_\_/\_\_\_\_
- Monthly Rent: \$ \_\_\_\_\_

**SECTION III – MANAGEMENT AGREEMENT INFORMATION – Attach a copy of your management contract.**

- Name of Property Owner: \_\_\_\_\_
- Name of Property Manager: \_\_\_\_\_
- Contract dates: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ to Ending \_\_\_\_/\_\_\_\_/\_\_\_\_
- Terms of Compensation: \_\_\_\_\_

**SECTION IV – TYPE OF PARKING STATION – Check all that apply**

Garage                       Attended                       Service Station  
 Surface Lot                       Unattended                       Other: \_\_\_\_\_

**SECTION V – HOURS OF OPERATION**

- Are you open 24 hours, 7 days per week?  
 Yes, skip to SECTION VI                       No, complete question 15 below

**PART B**  
**PARKING**  
**STATION**  
**INFORMATION**  
 (continued)

15. List days and hours your business is open:

Day	Hours Open
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**SECTION VI – SPECIAL EVENTS**

16. Provide Police Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

17. List dates and locations of anticipated special events:

Dates	Description of Special Event	Location of Parked Vehicles

**SECTION VII – RATES CHARGED AT THIS LOCATION**

18. Total Monthly Collections: \$ \_\_\_\_\_ (average)

Complete this Rate Chart:

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

continued on next  
page

**PART B  
PARKING  
STATION  
INFORMATION**  
(continued)

**SECTION VIII – PARKING CAPACITY** - complete this section for this location

List the following:

- 19. Total number of parking stalls, marked and unmarked: \_\_\_\_\_
- 20. Maximum number of parked capacity: \_\_\_\_\_
- 21. Average number of daily turnover of parked vehicles: \_\_\_\_\_
- 22. Address of where you park overflow of vehicles: \_\_\_\_\_
- 23. Name and contact of other parking or valet operator sharing space at this location:  
 Operator Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_  
 Tel. No.: (\_\_\_\_\_) \_\_\_\_\_

**SECTION IX - REVENUE CONTROL EQUIPMENT (RCE) REQUIREMENTS:**

Check Yes or No for each question relating to your parking station location.

- 24. Is there an operational RCE currently in use?..... Yes     No
- 25. Is your RCE used to track all parking transactions?..... Yes     No
- 26. At entry, does your RCE issue or track a unique ticket number?..... Yes     No
- 27. Does your RCE track space rented?..... Yes     No
- 28. Does your RCE accept credit cards? ..... Yes     No
- 29. 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 X - PARKING TAX BOND REQUIREMENTS** – Attach a copy of your bond to this application.

Provide the bond information on this location:

- 30. Name of Bond Application: \_\_\_\_\_
- 31. Name of Bond Surety Company: \_\_\_\_\_
- 32. Annual Gross Parking Receipts: \$ \_\_\_\_\_ for year: \_\_\_\_\_
- 33. Amount of Bond: \$ \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_
- 34. Dates of Bond coverage: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ to Ending \_\_\_\_/\_\_\_\_/\_\_\_\_
- 35. Bond Number: \_\_\_\_\_

**SECTION XI - 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: \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES – 2017**

	<p><input type="checkbox"/> Restaurant Name _____                  Restaurant Address: _____                  Location of where vehicles are parked: _____</p> <p><input type="checkbox"/> Special Event for Name: _____                  Address of Event: _____                  Location of where vehicles are parked: _____</p> <p><input type="checkbox"/> Street parking at: _____</p> <p><b>SECTION XII – SUBLEASE INFORMATION</b>  <b>Do you sublease any portion of your parking station area?</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes, complete below and submit a copy of the sublease agreement.  <input type="checkbox"/> No, skip to Part C</p> <p>36. Sub-Lessee Name: _____</p> <p>37. Sub-Lessee Address: _____</p> <p>38. Sub-Lease Dates: Beginning ____/____/____ to Ending ____/____/____</p> <p>39. Total Rent: \$ _____</p> <p>40. Frequency of Rent: Monthly    Annual    Other: _____  <i>(circle one)</i></p>
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**Part C: Declaration of Responsibility**

By signing this application form, I represent and acknowledge that I am the person, or authorized agent for this person, responsible for the operation of this parking station. I am responsible for the collection and/or remittance of the parking tax from the occupant and payment of those tax revenues to the Tax Collector. I am liable for all applicable tax, penalties, interest and fees, including but not limited to, the failure to collect and transmit the tax, for underreporting the tax, for failure to transmit the taxes to the Tax Collector, for any misrepresentations contained in this application, or for any other violations of applicable law regarding the operation of the location where parking occupancy occurs. Those penalties may include but are not limited to, suspension and/or revocation of the certificate. If any information included on this application should change, I agree to inform the Tax Collector of those changes within five (5) working days. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title