



**APPLICATION FOR RENEWAL OF
CERTIFICATE OF AUTHORITY
TO COLLECT PARKING TAXES
FOR THE TAX YEAR 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: _____
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JOSÉ CISNEROS, TREASURER

Renewal of Certificate of Authority (COA) to Collect 2017 Parking Taxes is due and must be postmarked no later than December 31, 2016 and submitted with a valid parking tax collection bond or continuation certificate for each parking station in operation. You may use this form to renew only if you have a valid 2016 COA issued by our office for each location subject to the renewal.

APPLICANT INFORMATION	I, Applicant, am the parking operator and am renewing the issued Certificate of Authority to Collect Parking Taxes for the City and County of San Francisco. I understand this renewal application must be complete to be accepted for review.																					
	Name of Parking Operator	Business Account Number (BAN)																				
	Business Name	Mailing Address																				
	Telephone No. ()	City, State, ZIP																				
<u>PART A:</u> PARKING STATION INFORMATION	<p>List all the parking stations by street address for which you are renewing the Certificate of Authority. The street address must match the locations for which you are currently reporting. You must have a valid 2016 Certificate of Authority for each of the locations listed below. For new parking stations, submit a Certificate of Authority, original bond, and copy of the current lease or management agreement.</p> <p>Parking station location by address:</p> <table> <tr><td>1. _____</td><td>11. _____</td></tr> <tr><td>2. _____</td><td>12. _____</td></tr> <tr><td>3. _____</td><td>13. _____</td></tr> <tr><td>4. _____</td><td>14. _____</td></tr> <tr><td>5. _____</td><td>15. _____</td></tr> <tr><td>6. _____</td><td>16. _____</td></tr> <tr><td>7. _____</td><td>17. _____</td></tr> <tr><td>8. _____</td><td>18. _____</td></tr> <tr><td>9. _____</td><td>19. _____</td></tr> <tr><td>10. _____</td><td>20. _____</td></tr> </table> <p>Attach a list if you operate more stations for which you received a 2016 COA.</p>		1. _____	11. _____	2. _____	12. _____	3. _____	13. _____	4. _____	14. _____	5. _____	15. _____	6. _____	16. _____	7. _____	17. _____	8. _____	18. _____	9. _____	19. _____	10. _____	20. _____
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BUSINESS STRUCTURE	<input type="checkbox"/> I certify there are no changes to the business structure as reported in the Certificate of Authority so filed last year. If there are any changes, please complete a new COA application. <input type="checkbox"/> Changes to the business structure are set forth in Part B Section 1.																					

<p>OTHER BUSINESS INFORMATION (continued)</p>	<p>I certify there are no changes to the listed stations as reported in the Certificate of Authority so filed last year for the: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leasehold information of the parking station(s) <input type="checkbox"/> Type of parking station <input type="checkbox"/> Hours of operation <input type="checkbox"/> Special event information <input type="checkbox"/> Parking capacity <input type="checkbox"/> Revenue control equipment requirements <input type="checkbox"/> Valet parking information <p>If you have a new lease or management agreement, attach a copy to this renewal.</p> <p><input type="checkbox"/> Changes to any of the above are set forth in Part B SECTION 2.</p>
<p>SUBLEASE INFORMATION</p>	<p>Do you sublease any portion of your parking station area?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, complete below and submit a copy of the sublease agreement. <input type="checkbox"/> No, skip this section. <p>1. Sub-Lessee Name: _____</p> <p>2. Sub-Lessee Address: _____</p> <p>3. Sub-Lease Dates: Beginning ___/___/___ to Ending ___/___/___</p> <p>4. Total Rent: \$_____</p> <p>5. Frequency of Rent: Monthly Annual Other: _____ (circle one)</p>

Part B: ATTACHMENT OF CHANGES – Complete if applicable

SECTION 1:

BUSINESS STRUCTURE CHANGES

Check box for type of business

Sole Proprietorship (Individual, Trust, Estate)

Print Name of Owner: _____

Residential Address: _____

City/State/ZIP: _____

Tel. No.: (____) ____ - ____

Social Security #: _____ - ____ - _____

Partnership (General, Limited Partnership, LLP, LLC, joint Venture, Association) Ownership must equal 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: List all owners greater than 5%

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

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

Additional pages of changes are attached.

<p><u>SECTION 2:</u></p> <p>PARKING STATION INFORMATION CHANGES</p>	<p>List the type and description of change(s) below.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left; border-bottom: 1px solid black;">Type of Change</th> <th style="width: 60%; text-align: left; border-bottom: 1px solid black;">Description of Change</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Leasehold Attach a copy of the new lease or agreement. </td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Type of Parking Station</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Hours of Operation</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Special Event Information</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Parking Capacity</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> RCE Requirements</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Valet Parking</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>	Type of Change	Description of Change	<input type="checkbox"/> Leasehold Attach a copy of the new lease or agreement.		<input type="checkbox"/> Type of Parking Station		<input type="checkbox"/> Hours of Operation		<input type="checkbox"/> Special Event Information		<input type="checkbox"/> Parking Capacity		<input type="checkbox"/> RCE Requirements		<input type="checkbox"/> Valet Parking		<input type="checkbox"/> Other:							
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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

Title

E-mail