APPLICATION FOR CERTIFICATE OF AUTHORITY
TO COLLECT PARKING TAXES FOR 2022
City and County of San Francisco
Office of the Treasurer & Tax Collector, Business Tax Section
P.O. Box 7425, San Francisco, CA 94120-7425

JOSÉ CISNEROS, TREASURER

APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Name of Parking Operator</th>
<th>Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Parking Station</th>
<th>Business Account Number (BAN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Telephone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART A
BUSINESS STRUCTURE

☐ 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%

<table>
<thead>
<tr>
<th>Title</th>
<th>%Ownership</th>
<th>Name</th>
<th>Address</th>
<th>Tel No.</th>
<th>Social Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Partner</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
</tbody>
</table>

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%

<table>
<thead>
<tr>
<th>Title</th>
<th>%Ownership</th>
<th>Name</th>
<th>Address</th>
<th>Tel No.</th>
<th>Social Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>President/CEO</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
<tr>
<td>Other: (list title)</td>
<td>%</td>
<td></td>
<td></td>
<td>(      )</td>
<td></td>
</tr>
</tbody>
</table>

continued on next page

Rev.10/2021
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.
6. Lessor Name:__________________________________________________________
7. Property Owner Name (if different than Lessor Name)___________________________
8. Lessor Address: ________________________________________________________
9. Lease Dates:   Beginning _______/____/_______   to   Ending _______/____/_______
10. Monthly Rent: $__________________ (Schedule monthly lease payment for 1/1/2022)

SECTION III – MANAGEMENT AGREEMENT INFORMATION – Attach a copy of your
management contract.
11. Name of Property Owner:_______________________________________________
12. Name of Property Manager:_____________________________________________
13. Contract dates: Beginning _______/____/_______   to   Ending _______/____/_______
14. 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
15. Are you open 24 hours, 7 days per week?
   □ Yes, skip to SECTION VI   □ No, complete question 16 below
PART B
PARKING STATION INFORMATION

16. List days and hours your business is open:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
</tbody>
</table>

SECTION VI – SPECIAL EVENTS

17. Provide Police Permit #:__________________ Date Issued:_____/___/______

18. List dates and locations of anticipated special events:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description of Special Event</th>
<th>Location of Parked Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION VII – RATES CHARGED AT THIS LOCATION

18. Total Monthly Collections: $__________________ (average)

Complete this Rate Chart:

<table>
<thead>
<tr>
<th>Rate type:</th>
<th>$ Charge</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>$</td>
<td># of customers (avg):</td>
</tr>
<tr>
<td>Discounted</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Oversized Vehicles</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Lost Ticket</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Weekend: Sat/Sun</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Special Events</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
PART B
PARKING STATION INFORMATION

(continued)

SECTION VIII – PARKING CAPACITY

List the following:

19. Total number of parking stalls, marked and unmarked: ____________________________

20. Maximum number of parked vehicles capacity ________________________________

21. Average number of daily turnover of parked vehicles:

   a) “turnover” is defined as the frequency that a parking space is occupied by a
      vehicle and is again occupied by another vehicle on that same day.

   b) for example, if maximum capacity at a parking location at any specific time is
      100 vehicles, if total vehicles parked on a given day is 150, then 1.5 is the
      turnover factor on that given day.

22. Address of where you park overflow of vehicles: ________________________________

   (if “overflow” exists and such movement of vehicle(s) is necessary)

23. Do you anticipate any substantial exempt vehicle patronage at this location during

   2022? □ Yes    □ No

   If yes, please describe the source of such exempt vehicles ________________________

   ____________________________________________

24. Name and contact information of other parking or valet operator sharing space at this

   location:

   Operator Name: ______________________________________

   Address: ____________________________________________

   City/ST/Zip: _________________________________________

   Tel. No.: (______) ___________________________________

   Rent paid to you (per month) __________________________

SECTION IX - REVENUE CONTROL EQUIPMENT (RCE) REQUIREMENTS:

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

25. Is there an operational RCE currently in use?........................................... □ Yes    □ No

26. Is your RCE used to track all parking transactions?................. □ Yes    □ No

27. At entry, does your RCE issue or track a unique ticket number?..... □ Yes    □ No

28. Does your RCE track space rented?............................................ □ Yes    □ No

29. Does your RCE accept credit cards? ......................................... □ Yes    □ No

30. 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:
31. Name of Bond Application: ________________________________________________
32. Name of Bond Surety Company: ____________________________________________
33. Annual Gross Parking Receipts: $___________ for year: ________________
34. Amount of Bond: $___________ Premium Amount: $________________
35. Dates of Bond coverage: Beginning _____/____/____ to Ending _____/____/_____
36. Bond Number: __________________________

SECTION XI – ONLINE PARKING RESERVATION AND/OR CAR SHARE

Do you maintain now, or plan to gain or maintain any contractual relationships with any online parking reservation application and/or car sharing company?

□ Yes  □ No

If yes, please list such company names and relevant contact information below:

<table>
<thead>
<tr>
<th>No.</th>
<th>Online reservation</th>
<th>Car share</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>__________________</td>
<td>□</td>
</tr>
<tr>
<td>2.</td>
<td>__________________</td>
<td>□</td>
</tr>
<tr>
<td>3.</td>
<td>__________________</td>
<td>□</td>
</tr>
<tr>
<td>4.</td>
<td>__________________</td>
<td>□</td>
</tr>
<tr>
<td>5.</td>
<td>__________________</td>
<td>□</td>
</tr>
</tbody>
</table>

SECTION XII - 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: ________________________________

continued on next page
### SECTION XIII – SUBLEASE INFORMATION

Do you sublease any portion of your parking station area?

- □ Yes, complete below and submit a copy of the sublease agreement.
- □ No

36. Sub-Lessee Name:______________________________________________________

37. Sub-Lessee Address:___________________________________________________

38. Sub-Lease Dates:   Beginning ____/____/_____ to   Ending ____/____/_____

39. Total Rent: $__________________

40. Frequency of Rent:    Monthly    Annual     Other: ______________
   (circle one)

### 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 ___________________, 202_____________, at ______________________

______________________________________________      ________________________________________

Signature        Print Your Name

______________________________________________    __________________________________________

Email        Title