



Business Account Number: _____

Name (Registered Ownership/Entity Name): _____

DEEMED SMALL OPERATOR OF PARKING STATION APPLICATION



IMPORTANT: You must register your business before you can apply for designation as a small operator. For instructions on registering your business, go to: <http://sftreasurer.org/registration>.

I, Applicant, am applying for Deemed Small Operator status under Section 6.9-1(d)(4) of the San Francisco Business and Tax Regulations Code (BTRC) to collect Parking Tax for the City and County of San Francisco. I understand this application must be completed for each location, and that this request does not apply to any other tax or fee type. I understand that I must register and obtain a business registration certificate with the Tax Collector prior to submission of this form. All fields below are required.

Parking Location: _____

Location Identification Number (LIN): _____ Start Date of Location: _____

Telephone Number: _____ Email Address: _____

I am a parking operator collecting rent for spaces and wish to be deemed as a Small Operator as defined in Section 6.9-1(d)(4). I am in compliance with all provisions of the BTRC including the requirements in Section 6.9-1(d)(4). Yes No

Total gross revenue from rent attributed to parking operations does not exceed \$40,000. Yes No

If your application is approved:

- You must maintain documents and records of all business transactions for a period of 5 years from the date the tax is due or paid.
- You are required to immediately inform our office in writing of any changes to your operation, including but not limited to receiving gross receipts from rent that exceeds \$40,000 annually. If at any time you do not meet the requirements of 6.9-1(d)(4) of the BTRC, you are automatically disqualified and will be required to meet the requirements as outlined in Articles 6, 9 and 22 of the BTRC.

Declaration

I certify under penalty of perjury that I am the taxpayer (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with the authority to bind the taxpayer), or an agent of the taxpayer authorized to sign this form on behalf of the taxpayer pursuant to a validly executed Power of Attorney, and I have examined the foregoing form, and the information thereon is, to the best of my knowledge and belief, true and correct, and fully compliant with all the requirements provided in the San Francisco Business and Tax Regulations Code.

SIGNATURE: _____ NAME AND TITLE: _____

DATE: _____ COMPANY: _____
(MM/DD/YYYY)

EMAIL: _____ TELEPHONE: _____

Submit completed and signed form to: Office of the Treasurer & Tax Collector, PO Box 7425, San Francisco, CA 94120-7425

Revised 03/21/2024