



APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES FOR 2012

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

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

JOSÉ CISNEROS, TREASURER

GEORGE PUTRIS, TAX ADMINISTRATOR

APPLICANT INFORMATION	<p>I, Applicant, am the parking operator and am applying for a 2012 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.</p>				
	Name of Parking Operator		Business Name		
	Location of Parking Station			Registration Certificate #	
	Mailing Address			Telephone No: ()	
Email Address					
<p>PART A BUSINESS STRUCTURE Check box for type of business</p>	<input type="checkbox"/> Sole Proprietorship (Individual, Trust, Estate) Print Name of Owner: _____ Residential Address: _____ City/St/Zip: _____ Tel. No.: () - - Social Security #: - - -				
	<input type="checkbox"/> Partnership (General, Limited Partnership, LLP, LLC, joint Venture, Association) Ownership must total 100%				
	%Ownership	Name	Address	Tel No.	Social Security #
	General Partner	%		()	
Partner	%		()		
Partner	%		()		
<p>For more partners, send attachment to this application.</p>					
<input type="checkbox"/> 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: <small>(list title)</small>	%			()	

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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

- 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 applies.

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 V No, complete chart 11 below

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PART B
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(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 – complete this section for this location

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

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)	\$	

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**PART B
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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 your original 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: _____

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	<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>

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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