



**APPLICATION FOR RENEWAL OF
CERTIFICATE OF AUTHORITY
TO COLLECT PARKING TAXES
FOR THE TAX YEAR 2020**

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 2020 Parking Taxes is due and must be postmarked no later than December 31, 2019 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 2019 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			
BUSINESS OWNERSHIP STRUCTURE	<input type="checkbox"/> I certify there are no changes to the business structure or ownership as reported in the Certificate of Authority so filed last year. If there are any changes, do not use this form and instead complete a new 2020 COA initial application. Please check if applicable.					
PARKING STATION UPDATED INFORMATION	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 2019 Certificate of Authority for each of the locations listed below.					
	Please complete all relevant information in the table below					
	Location Address	Rent as of 01/01/20	Lease initiation date	Lease end date	Lessor name	Property owner name
continued on next page						
If additional location information exists, please complete all further information in the identical format and attach to the renewal application						

SUBLEASE INFORMATION	<p>Do you sublease any portion of your parking station area?</p> <p><input type="checkbox"/> Yes, complete below and submit a copy of the sublease agreement.</p> <p><input type="checkbox"/> No, skip to next section.</p> <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 paid to you by sub-lessee: \$_____</p> <p>5. Frequency of Rent: Monthly Annual Other: _____ (circle one)</p>																		
VALET INFORMATION	<p>Associated Hotel Valet Parking Operation</p> <p>Do any your business locations maintain any associated hotel valet parking? <input type="checkbox"/> Yes, complete below</p> <p><input type="checkbox"/> No, skip to next section.</p> <p>Indicate where you park the vehicles:</p> <p><input type="checkbox"/> Fixed location at (address): _____</p> <p><input type="checkbox"/> Hotel Name: _____</p> <p>Hotel Address: _____</p> <p>Location of where vehicles are parked: _____</p> <p>If more than one location, please attach additional page with such information</p>																		
ONLINE PARKING RESERVATION AND CAR SHARE	<p>ONLINE PARKING RESERVATION AND/OR CAR SHARE</p> <p>Do you maintain now, or plan to gain or maintain any contractual relationships with any online parking reservation application and/or car sharing company?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list such names and contact information below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Online reservation</th> <th style="width: 15%; text-align: center;">Car share</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Online reservation	Car share	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	5. _____	<input type="checkbox"/>	<input type="checkbox"/>
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4. _____	<input type="checkbox"/>	<input type="checkbox"/>																	
5. _____	<input type="checkbox"/>	<input type="checkbox"/>																	

OTHER BUSINESS INFORMATION	Are there any changes to the listed stations as reported in the Certificate of Authority so filed last year for the following?		
		Change	No Change
	Type of parking station	<input type="checkbox"/>	<input type="checkbox"/>
	Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
	Special event information	<input type="checkbox"/>	<input type="checkbox"/>
	Parking capacity	<input type="checkbox"/>	<input type="checkbox"/>
	Revenue control equipment requirements	<input type="checkbox"/>	<input type="checkbox"/>
	Valet parking information	<input type="checkbox"/>	<input type="checkbox"/>
	If any changes exist to any parking station, please provide all relevant details concerning all within the update form for each location.		
	Location address	Type of change	Date of change
If additional location information exists, please complete all further information in the identical format and attach to the renewal application			

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