



## 2025 APPLICATION FOR PARKING CERTIFICATE OF AUTHORITY

City and County of San Francisco  
Office of the Treasurer & Tax Collector Business  
Tax Section - Parking  
P.O. Box 7425, San Francisco, CA 94120-7425

CCSF-TTX-USE ONLY  
Date Received

<b>APPLICANT INFORMATION</b>	<p><b>I, Applicant, am the parking operator and am applying for a 2025 Certificate of Authority (COA) to Collect Parking Taxes for the City and County of San Francisco. I understand this application must be complete to be accepted for review.</b></p>		
	Name of Parking Operator	Business Name	
	Street Address of Parking Station	Phone:	Business Account Number(BAN):
	Mailing Address	Location ID Number(LIN):	
<b>PART A</b>  <b>BUSINESS STRUCTURE</b> Check box for type of business	<input type="checkbox"/> <b>Sole Proprietorship</b> (Individual, Trust, Estate) Print Name of Owner: Residential Address: City/St/ZIP: Tel. No. Social Security #		
	<input type="checkbox"/> <b>Partnership</b> (General, Limited Partnership, LLP, LLC, Joint Venture, Association)		
	Title	Ownership %	Name
	General Partner		Address
	Partner	%	
	Partner	%	
	Partner	%	
	For additional partners, provide separate attachment to this application.		
	<input type="checkbox"/> <b>Corporation</b> Secretary of State Corporate ID No.: _____ State: _____ List Corporate Officers & Stockholders: (list all owners greater than 5%)		
	Title	Ownership %	Name
	President/CEO	%	Address
	Chief Financial Officer	%	
	Secretary	%	
	Other: (state title)	%	

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES – 2024**

**BUSINESS STRUCTURE**

Title	Ownership %	Name	Address
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**

1. Business Name: \_\_\_\_\_
2. Location Address: \_\_\_\_\_
3. Location ID#: \_\_\_\_\_
4. Block/Lot of location: \_\_\_\_\_
5. Start Date of this location: \_\_\_\_\_
6. Do you own the land at this location?

No, continue to SECTION II     Yes, skip to SECTION III

**SECTION II – LEASEHOLD INFORMATION - Attach a copy of your lease agreement.**

7. Lessor Name: \_\_\_\_\_
8. Property Owner Name (if different than lessor name): \_\_\_\_\_
9. Lessor Address: \_\_\_\_\_
10. Lease Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_
11. Monthly Rent: \$ \_\_\_\_\_ (schedule monthly lease payment for 1/1/2025)

**SECTION III – MANAGEMENT AGREEMENT INFORMATION – Attach a copy of your management contract**

12. Name of Property Owner: \_\_\_\_\_
13. Name of Property Manager: \_\_\_\_\_
14. Contract Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_
15. Terms of Compensation: \_\_\_\_\_

**SECTION IV – TYPE OF PARKING STATION – Check all that apply**

- Garage                       Attended                       Service Station  
 Surface Lot                       Unattended                       Other:

**PART B  
PARKING  
STATION  
INFORMATION**

16. Are you open 24 hours, 7 days per week?

- Yes, skip to SECTION V       No, complete question 17 below

17. List the operating hours of this location:

Day	Hours Open
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**SECTION V – ANNUAL GROSS PARKING RECEIPTS AND RATES CHARGED AT THIS LOCATION**

18. Annual Gross Parking Receipts: \$ \_\_\_\_\_ for calendar year: \_\_\_\_\_

19. Average Monthly Collection: \_\_\_\_\_

\$ Complete this Rate Chart:

Rate type:	\$ Charge	Explanation
Hourly	\$	
Daily	\$	
Monthly	\$	# of customers (avg):
Discounted	\$	
Oversized Vehicles	\$	
Lost Ticket	\$	
Evening	\$	
Weekend: Sat/Sun	\$	
Special Events	\$	
Other (describe)	\$	

**PART B  
PARKING  
STATION  
INFORMATION**

**SECTION VI – PARKING CAPACITY** complete this section for this location

List the following:

- 20. Total number of parking stalls, marked and unmarked \_\_\_\_\_
- 21. Maximum number of parked vehicles capacity: \_\_\_\_\_

**SECTION VII – ONLINE PARKING RESERVATION AND/OR CAR SHARE**

22. 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:

	Online Reservation	Car Share
_____		
_____		
_____		
_____		
_____		

**SECTION VIII - REVENUE CONTROL EQUIPMENT (RCE) REQUIREMENTS:**

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

- 23. Is there an operational RCE currently in use?..... Yes    No
- 24. Is your RCE used to track all parking transactions?.....  Yes    No
- 25. At entry, does your RCE issue or track a unique ticket number?.....  Yes    No
- 26. Does your RCE track space rented?.....  Yes    No
- 27. Does your RCE accept credit cards? .....  Yes    No
- 28. 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 IX – SUBLEASE INFORMATION**

**Do you sublease any portion of your parking station area?**

Yes, complete below and submit a copy of the sublease agreement.

No

29. Sub-Lease Name: \_\_\_\_\_

30. Sub-Lease Address: \_\_\_\_\_

31. Sub-Lease Dates: \_\_\_\_\_

32. Total Rent: \$ Beginning \_\_\_ / \_\_\_ / \_\_\_ to Ending \_\_\_ / \_\_\_ / \_\_\_

33. Frequency of Rent: \_\_\_\_\_

Other: \_\_\_\_\_

**SECTION X - 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 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: \_\_\_\_\_

**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 \_\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title