



APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES FOR 2018

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: _____

JOSÉ CISNEROS, TREASURER

APPLICANT INFORMATION	<p>I, Applicant, am the parking operator and am applying for a 2018 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name of Parking Operator</td> <td style="width: 50%; padding: 2px;">Business Name</td> </tr> <tr> <td style="padding: 2px;">Location of Parking Station</td> <td style="padding: 2px;">Business Account Number (BAN)</td> </tr> <tr> <td style="padding: 2px;">Mailing Address</td> <td style="padding: 2px;">Telephone No: ()</td> </tr> </table>	Name of Parking Operator	Business Name	Location of Parking Station	Business Account Number (BAN)	Mailing Address	Telephone No: ()																																																
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<p>PART A BUSINESS STRUCTURE</p> <p>Check box for type of business</p>	<p><input type="checkbox"/> Sole Proprietorship (Individual, Trust, Estate)</p> <p>Print Name of Owner: _____</p> <p>Residential Address: _____</p> <p>City/St/ZIP: _____</p> <p>Tel. No.: (____) ____ - ____</p> <p>Social Security #: _____ - ____ - _____</p> <hr/> <p><input type="checkbox"/> Partnership (General, Limited Partnership, LLP, LLC, joint Venture, Association) Ownership must total 100%</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Title</th> <th style="width: 10%;">%Ownership</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Tel No.</th> <th style="width: 20%;">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> <p>For more partners, send attachment to this application.</p> <hr/> <p><input type="checkbox"/> Corporation</p> <p>Secretary of State Corporate ID No.: _____ State: _____</p> <p>List Corporate Officers & Stockholders: List all owners greater than 5%</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Title</th> <th style="width: 10%;">%Ownership</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Tel No.</th> <th style="width: 20%;">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>	Title	%Ownership	Name	Address	Tel No.	Social Security	General Partner	%			()		Partner	%			()		Partner	%			()		Title	%Ownership	Name	Address	Tel No.	Social Security	President/CEO	%			()		Chief Financial Officer	%			()		Secretary	%			()		Other: (list title)	%			()	
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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.

continued on next page

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 apply

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 VI No, complete question 15 below

**PART B
PARKING
STATION
INFORMATION**

(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 AT THIS LOCATION

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

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)	\$	

continued on next
page

**PART B
PARKING
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 a copy of your 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> <p>SECTION XII – SUBLEASE INFORMATION Do you sublease any portion of your parking station area?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes, complete below and submit a copy of the sublease agreement. <input type="checkbox"/> No, skip to Part C</p> <p>36. Sub-Lessee Name: _____</p> <p>37. Sub-Lessee Address: _____</p> <p>38. Sub-Lease Dates: Beginning ___/___/___ to Ending ___/___/___</p> <p>39. Total Rent: \$ _____</p> <p>40. Frequency of Rent: Monthly Annual Other: _____ (circle one)</p>
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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 _____, 201____, at _____

_____	_____
Signature	Print Your Name

_____	_____
Email	Title