



2024 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

APPLICANT INFORMATION	<p>I, Applicant, am the parking operator and am applying for a 2024 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>		
	Name of Parking Operator	Business Name	
	Street Address of Parking Station	Business Account Number (BAN):	
	Mailing Address	Location ID Number (LIN):	

<p>PART A</p> <p>BUSINESS STRUCTURE 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>																						
	<p><input type="checkbox"/> Partnership (General, Limited Partnership, LLP, LLC, Joint Venture, Association)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Title</th> <th style="width: 15%;">Ownership %</th> <th style="width: 40%;">Name</th> <th style="width: 20%;">Address</th> </tr> </thead> <tbody> <tr> <td>General Partner</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Partner</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> <tr> <td>Partner</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> <tr> <td>Partner</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> </tbody> </table> <p>For additional partners, provide separate attachment to this application.</p>			Title	Ownership %	Name	Address	General Partner				Partner	%			Partner	%			Partner	%		
Title	Ownership %	Name	Address																				
General Partner																							
Partner	%																						
Partner	%																						
Partner	%																						
	<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;"> <thead> <tr> <th style="width: 25%;">Title</th> <th style="width: 15%;">Ownership %</th> <th style="width: 40%;">Name</th> <th style="width: 20%;">Address</th> </tr> </thead> <tbody> <tr> <td>President/CEO</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> <tr> <td>Chief Financial Officer</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> <tr> <td>Secretary</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> <tr> <td>Other: (state title)</td> <td style="text-align: center;">%</td> <td></td> <td></td> </tr> </tbody> </table>			Title	Ownership %	Name	Address	President/CEO	%			Chief Financial Officer	%			Secretary	%			Other: (state title)	%		
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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?

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

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 _____ to Ending _____
11. Monthly Rent: \$ _____ (schedule monthly lease payment for 1/1/2024)

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