



# APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES FOR 2022

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

<b>APPLICANT INFORMATION</b>	<p><b>I, Applicant, am the parking operator and am applying for a 2022 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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name of Parking Operator</td> <td style="width: 50%; border-bottom: 1px solid black;">Business Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Location of Parking Station</td> <td style="border-bottom: 1px solid black;">Business Account Number (BAN)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mailing Address</td> <td style="border-bottom: 1px solid black;">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><b>PART A BUSINESS STRUCTURE</b></p> <p>Check box for type of business</p>	<p><input type="checkbox"/> <b>Sole Proprietorship</b> (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"/> <b>Partnership</b> (General, Limited Partnership, LLP, LLC, joint Venture, Association) Ownership must total 100%</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <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 style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</td> <td></td> </tr> <tr> <td>Partner</td> <td style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</td> <td></td> </tr> <tr> <td>Partner</td> <td style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</td> <td></td> </tr> </tbody> </table> <p>For more partners, send attachment to this application.</p> <hr/> <p><input type="checkbox"/> <b>Corporation</b></p> <p>Secretary of State Corporate ID No.: _____ State: _____</p> <p>List Corporate Officers &amp; Stockholders: List all owners greater than 5%</p> <table style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</td> <td></td> </tr> <tr> <td>Chief Financial Officer</td> <td style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</td> <td></td> </tr> <tr> <td>Secretary</td> <td style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</td> <td></td> </tr> <tr> <td>Other: (list title)</td> <td style="text-align: center;">%</td> <td></td> <td></td> <td style="text-align: center;">(    )</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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**APPLICATION FOR CERTIFICATE OF AUTHORITY TO COLLECT PARKING TAXES – 2022**

<b>BUSINESS STRUCTURE</b> (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: \_\_\_\_\_
- Property Owner Name (if different than Lessor Name) \_\_\_\_\_
- Lessor Address: \_\_\_\_\_
- Lease Dates: Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to Ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Monthly Rent: \$ \_\_\_\_\_ (Schedule monthly lease payment for 1/1/2022)

**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 16 below

**PART B  
PARKING  
STATION  
INFORMATION**

(continued)

16. List days and hours your business is open:

Day	Hours Open
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**SECTION VI – SPECIAL EVENTS**

17. Provide Police Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

18. 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)	\$	

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**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 vehicles capacity \_\_\_\_\_
- 21. Average number of daily turnover of parked vehicles: \_\_\_\_\_
  - a) "turnover" is defined as the frequency that a parking space is occupied by a vehicle and is again occupied by another vehicle on that same day.
  - b) for example, if maximum capacity at a parking location at any specific time is 100 vehicles, if total vehicles parked on a given day is 150, then 1.5 is the turnover factor on that given day.
- 22. Address of where you park overflow of vehicles: \_\_\_\_\_  
(if "overflow" exists and such movement of vehicle(s) is necessary)
- 23. Do you anticipate any substantial exempt vehicle patronage at this location during 2022?             Yes     No  
  
If yes, please describe the source of such exempt vehicles \_\_\_\_\_  
\_\_\_\_\_
- 24. Name and contact information of other parking or valet operator sharing space at this location:  
  
Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Tel. No.: (\_\_\_\_\_) \_\_\_\_\_  
Rent paid to you (per month) \_\_\_\_\_

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

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

- 25. Is there an operational RCE currently in use?..... Yes     No
- 26. Is your RCE used to track all parking transactions?..... Yes     No
- 27. At entry, does your RCE issue or track a unique ticket number?..... Yes     No
- 28. Does your RCE track space rented?..... Yes     No
- 29. Does your RCE accept credit cards? ..... Yes     No
- 30. 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

continued on next page

**SECTION X - PARKING TAX BOND REQUIREMENTS** – Attach a copy of your bond to this application.

Provide the bond information on this location:

- 31. Name of Bond Application: \_\_\_\_\_
- 32. Name of Bond Surety Company: \_\_\_\_\_
- 33. Annual Gross Parking Receipts: \$ \_\_\_\_\_ for year: \_\_\_\_\_
- 34. Amount of Bond: \$ \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_
- 35. Dates of Bond coverage: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ to Ending \_\_\_\_/\_\_\_\_/\_\_\_\_
- 36. Bond Number: \_\_\_\_\_

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

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
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"/>

**SECTION XII - 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: \_\_\_\_\_
- 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: \_\_\_\_\_

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