

2026 Certificate of Authority Renewal Application



Treasurer & Tax Collector
CITY AND COUNTY OF SAN FRANCISCO

José Cisneros
TREASURER

2026 Application for Renewal of Parking Certificate of Authority
City & County of San Francisco
Office of the Treasurer & Tax Collector
P.O. Box 7425, San Francisco, CA 94120-7425

Applicant Information

I, Applicant, am the parking operator and am applying to renew a 2026 Certificate of Authority (COA) to Collect Parking Taxes for the City & County of San Francisco. I understand this application must be complete to be accepted for review.

Business Account Number _____ Business Name _____

Name of Parking Operator _____

Total number of parking stations operated by applicant in San Francisco _____

Business Ownership Structure

☐ I certify that 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 to the Business Ownership Structure, do not use this form, and instead complete a new 2026 Certificate of Authority Initial application.*

Location Details

Are there any changes to the parking station locations you are applying to renew your Certificate of Authority?

	No	Yes (attach details)
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"/>
Lease information	<input type="checkbox"/>	<input type="checkbox"/>
Sublease information	<input type="checkbox"/>	<input type="checkbox"/>

If any information for any location has changed as compared to your Certificate of Authority Application for 2025, attach additional page describing such changes, including type, date and details of such changes.

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BAN _____ Business Name _____

Parking Tax Bond

You must submit a bond for each parking location. The name on the bond must be the same legal name on the Declaration of Responsibility and the Business Registration Certificate. Attach the original parking tax collection bond to this application.

To obtain the required bond language, or to see the bond amount required, go to <https://sftreasurer.org/business/taxes-fees/parking-tax> and click on "Parking Tax Collection Bond."

Reduced Bond

You are able to apply for a reduced bond amount if you meet certain criteria.

To apply for a reduced bond, complete the following and the Office of the Treasurer & Tax Collector will review your application. Pursuant to Section 6.6-1(i) of the San Francisco Business Tax & Regulations Code, the Tax Collector reserves the right to decide on this bond reduction request in the best interest of the City.

☐ I am applying for a reduction of the parking tax bond amount.

☐ I certify that all of the following are true:

- I have been a registered parking operator in San Francisco for at least 3 years.
- I have had a valid Certificate of Authority for the past 3 years for all lots I have owned for 3 or more years.
- I have had a valid Certificate of Authority for each year for lots I have owned for fewer than 3 years.
- I have not been issued a deficiency determination for parking taxes for any of my business locations.
- I have filed a monthly parking tax return every month for all of my parking locations.

☐ I understand that if the Tax Collector later issues a deficiency determination against me, or if I fail to obtain a Certificate of Authority for any business location, then the approval for a bond reduction is automatically rescinded, and I will be required to file a bond naming the City as exclusive beneficiary at the higher amount.

☐ I understand that if the Tax Collector denies my request for a reduced bond amount, I will be required to file a bond naming the City as exclusive beneficiary at the higher amount.

Parking Station Locations

Provide the Location Identification Number (LIN) and Location Address for each location for which you are applying to renew your Certificate of Authority. Attach "Additional Locations" sheets as needed.

LIN _____ Location Address _____

2025 Gross Receipts for this location _____ Bond Amount _____

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BAN _____ **Business Name** _____

Additional Locations

Use this page to list additional parking station locations for which you are applying to renew the Certificate of Authority to collect Parking Taxes.

LIN _____ Location Address _____

2025 Gross Receipts for this location _____ Bond Amount _____

LIN _____ Location Address _____

2025 Gross Receipts for this location _____ Bond Amount _____

LIN _____ Location Address _____

2025 Gross Receipts for this location _____ Bond Amount _____

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BAN _____ **Business Name** _____

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 _____, 202____ at _____.

Signature _____

Name _____

Title _____

Email _____