



**CERTIFICATE OF AUTHORITY (COA) APPLICATION
TO COLLECT TRANSIENT OCCUPANCY TAX**

Business Tax Section
P.O. Box 7425, San Francisco, CA 94120-7425
Taxpayer Assistance: (415) 554-4400

Part A: Hotel Operator Information

1. **Ownership Name of Hotel Operator:** _____

2. **DBA Name:** _____

3. **Business Certificate Number:** _____

4. **Employer ID Number:** Federal Employer Identification Number (FEIN) _____

Social Security Number (Sole Proprietorships only) _____

5. **Mailing Address:** _____

Name of Contact Person	Title/Position
_____	() _____
Business Name	Telephone
_____	() _____
Street Address	FAX Number
_____	_____
City State Zip Code	Email Address
_____	_____

6. **Location of Accounting Records** (if different from the mailing address):

Name of Contact Person	Title/Position
_____	() _____
Business Name	Telephone
_____	() _____
Street Address	FAX Number
_____	_____
City State Zip Code	Email Address
_____	_____

7. **Ownership Information**--indicate type of ownership, and provide names and contact information as noted:

Sole Proprietorship a) Type: _____ (Individual, Trust, Estate, Other)
b) Provide residence address below.

Partnership a) Type: _____ (General, Limited Partnership, LLP, LLC, Joint Venture, Association, Other)
b) Provide names and contact information for all general partners (*attach additional sheets if necessary*)

Corporation a) Sec. of State Corporate Identification Number _____ State: _____
b) Provide names and contact information for all corporate officers and stockholders owning 10% or more of shares (*attach additional sheets if necessary*)

First Name Middle Initial Last Name	For Partnerships: General Partner % Ownership _____%
Street Address	For Corporations: <input type="checkbox"/> Corporate Officer _____
_____	<input type="checkbox"/> Stockholder, % Ownership _____
City State Zip Code	
() _____	
Social Security Number Telephone	

First Name Middle Initial Last Name	For Partnerships: General Partner % Ownership _____%
Street Address	For Corporations: <input type="checkbox"/> Corporate Officer _____
_____	<input type="checkbox"/> Stockholder, % Ownership _____
City State Zip Code	
() _____	
Social Security Number Telephone	

Part B: Hotel Location Information

For each **additional hotel** location owned or operated in San Francisco, **complete** a separate Hotel Supplemental Information (Part B).

1. Hotel Location No. _____

Hotel Name: _____ Street Location: _____
Date operation started: _____ San Francisco, CA 941 _____

Number of Transient Rooms: _____	Number of Permanent Rooms: _____
Average rate: \$ _____ <input type="checkbox"/> Daily	Average rate: \$ _____ <input type="checkbox"/> Daily
<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly

2. Ownership/Lessor of Real Property where hotel is located

Operator owns the land or building where hotel is located

Operator leases/manages the land or building where hotel is located. Complete the following:

Name of lessor or property owner: _____ Lessor Owner

Address _____ Telephone () _____

Lease Terms: No. of Months _____ Monthly Rental _____ Effective Date _____ Expiration Date _____

3. Permits/Licenses: (Enter Permit/License No. if applicable)

FIRE: Permit Number _____ No Permit

POLICE: Permit Number _____ No Permit

DPH: Permit Number _____ No Permit
(Dept. of Public Health)

DBI: Permit Number _____ No Permit
(Dept. of Building Inspection)

4. Parking Operation (Please check all boxes that apply.)

<u>Type</u>	<u>Location</u>	<u>Guest Only</u>	<u>Guest & Public</u>	<u>No. of Stalls</u>
<input type="checkbox"/> Garage	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Parking Lot	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Valet Parking	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Overflow Parking:

Location: _____ **Name of Operator:** _____

5. Former Operator _____

Address _____ Telephone () _____

Part C: Declaration of Responsibility

For each hotel location you operate, complete the appropriate Declaration of Responsibility for your type of ownership.

Business Certificate #: _____ Hotel Location _____

Sole Proprietorship -Declaration of Responsibility

By signing this application form, I represent and acknowledge that I am the person responsible for the operation of this hotel location. I am responsible for the collection of the **transient occupancy** tax from **the guests** and payment of those tax revenues to the Tax Collector. I am liable for all applicable penalties 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 **hotel location**. 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 working days.

I declare under penalties of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20____, in _____

Signature

Print Your Name

Partnership - Declaration of Responsibility

By signing this application form, I _____, general partner of _____ (the "Partnership"), with full power and authority to bind the Partnership, hereby represent and acknowledge that the Partnership is responsible for the operation of this **hotel location**. The Partnership is responsible for the collection of the **transient occupancy** tax from **the guests** and payment of those tax revenues to the Tax Collector. The Partnership is liable for all applicable penalties 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 **hotel location**. 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, the Partnership agrees to inform the Tax Collector of those changes within five working days.

I declare under penalties of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20____, in _____

_____, a _____ partnership
Name of Partnership State of organization

By _____
Signature of Individual Print Your Name Title

Corporation - Declaration of Responsibility

By signing this application form, I _____, an officer of _____ Corporation (the "Corporation"), with full power and authority to bind the Corporation, hereby represent and acknowledge that the Corporation is responsible for the operation of this hotel location. The Corporation is responsible for the collection of the transient occupancy tax from the guests and payment of those tax revenues to the Tax Collector. The Corporation is liable for all applicable penalties 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 hotel location. 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, the Corporation agrees to inform the Tax Collector of those changes within five working days.

I declare under penalties of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, 20____, in _____

_____, a _____ corporation
Name of Corporation State of Incorporation

By _____
Signature of Officer Print Your Name Title