



SAN FRANCISCO POLICE DEPARTMENT



**COMMERCIAL PARKING LOTS AND PARKING GARAGES
APPLICATION**

(PLEASE PRINT CLEARLY IN INK, OR TYPE YOUR RESPONSE)

DATE: _____ **Receipt #: (SFPD Use only)** _____

TYPE OF APPLICATION: (Please indicate the correct entry by “check mark” and number as appropriate.)

New Application: _____
Renewal: _____ Permit #: _____
Amendment to Existing Permit: _____ Permit #: _____
Parking Lot: _____
Parking Garage: _____

PART 1

APPLICANT’S NAME: (LAST, FIRST, MIDDLE)

APPLICANT’S RESIDENCE ADDRESS: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

APPLICANT’S MAILING ADDRESS: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

APPLICANT’S PHONE NUMBERS: (HOME, BUSINESS, CELL)

APPLICANT’S DRIVER’S LICENSE #, STATE OF ISSUANCE OR STATE-ISSUED ID CARD#, SS#:

APPLICANT’S DATE OF BIRTH, PLACE OF BIRTH, RACE, SEX, HT, WT, EYE/HAIR COLOR:

APPLICANT’S ALIASES:

NAME OF BUSINESS/ORGANIZATION:

BUSINESS/ORGANIZATION ADDRESS: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

BUSINESS/ORGANIZATION PHONE NUMBERS:

BUSINESS/ORGANIZATION MANAGER/OTHER RESPONSIBLE PERSON: (NAME, ADDRESS, PH#’S)

OTHER RESPONSIBLE CONTACT PERSON TO RECEIVE LEGAL PROCESS: (NAME, ADDRESS, PH# S)

BUSINESS/ORGANIZATION OWNER: (NAME, ADDRESS, PHONE NUMBERS)

LEGAL POSSESSION OF PREMISES STATUS: (OWNED, LEASED, RENTED, ASSIGNED, OR OTHER)

PART 2

ADDITIONAL PAGES ATTACHED (WRITE "SEE ATTACHED" IN SPACES BELOW)

OFFICERS, DIRECTORS AND STOCKHOLDERS OWNING MORE THAN 10% OF CORPORATION STOCK:

CORPORATE OFFICER NAMES: (LAST, FIRST, MIDDLE)

CORPORATE OFFICERS RESIDENCE ADDRESS: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

CORPORATE OFFICERS PHONE NUMBERS: (HOME, BUSINESS, CELL)

CORPORATE OFFICERS DRIVER'S LIC.# STATE OF ISSUANCE, OR STATE-ISSUED ID CARD, SS#

CORPORATE OFFICERS DOB, PLACE OF BIRTH, RACE, SEX, HT, WT, EYE COLOR, HAIR COLOR

CORPORATE DIRECTOR NAMES: (LAST, FIRST, MIDDLE)

CORPORATE DIRECTOR RESIDENCE ADDRESSES:(NUMBER, STREET, APT#, CITY, STATE, ZIP)

CORPORATE DIRECTOR PHONE NUMBERS: (HOME, BUSINESS, CELL)

CORPORATE DIRECTOR DRIVER'S LIC.# STATE OF ISSUANCE, OR STATE-ISSUED ID CARD#, SS#

CORPORATE DIRECTOR DOB'S, PLACE OF BIRTH, RACE, SEX, HT, WT, EYE COLOR, HAIR COLOR

CORPORATE STOCKHOLDER NAMES: (LAST, FIRST, MIDDLE)

CORPORATE STOCKHOLDER RESIDENCE ADDRESSES: (NUMBER STREET, APT#, CITY, STATE, ZIP)

CORPORATE STOCKHOLDERS PHONE NUMBERS: (HOME, BUSINESS, CELL)

CORPORATE STOCKHOLDER DRIVER'S LIC.# STATE OF ISSUANCE,OR STATE-ISSUED ID CARD, SS#

CORPORATE STOCKHOLDER DOB'S, PLACE OF BIRTH, RACE. SEX, HT, WT, EYE COLOR, HAIR COLOR

PART 3

ADDITIONAL PAGES ATTACHED(WRITE "SEE ATTACHED" IN SPACES BELOW)

PARTNER NAMES: (LAST, FIRST, MIDDLE)

PARTNER RESIDENCE ADDRESSES: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

PA

PARTNER PHONE NUMBERS: (HOME, BUSINESS, CELL)

PARTNER DRIVERS LICENSE #'S, STATE OF ISSUANCE, OR STATE-ISSUED ID CARD, SS#

PARTNER DOB'S, PLACE OF BIRTH, RACE, SEX, HT, WT, EYE COLOR, HAIR COLOR

PART 4

FOR ALL INDIVIDUALS LISTED IN PART 1 THROUGH PART 4, A LIST OF EACH CONVICTION OR PLEA OF GUILTY OR NO CONTEST TO A COVERED CRIME IN THE TEN YEARS PRECEDING THE APPLICATION, INCLUDING THE NATURE OF THE OFFENSE AND THE PLACE AND DATE OF THE CONVICTION PLEA. PLEASE CHECK THE YES OR NO BOX BELOW.

	<input type="checkbox"/> YES (SEE BELOW)	<input type="checkbox"/> NO CONVICTIONS FOR ANY PERSON		
NAME	CHARGE(S)	DATE & COURT	DISPOSITION OF	
SENTENCE				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

PART 5

BUILDING, STRUCTURE OR SPACE OWNER NAMES: (LAST, FIRST, MIDDLE)

BUILDING, STRUCTURE OR SPACE OWNER PHONE NUMBERS: (HOME, BUSINESS, CELL)

BUILDING, STRUCTURE OR SPACE OWNER BUS. ADDRESSES: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

OWNER MAILING ADDRESSES: (NUMBER, STREET, APT#, CITY, STATE, ZIP)

PART 6

YOU MUST SUBMIT WITH YOUR APPLICATION THE FOLLOWING ITEMS:

1. NON APPLICANT OWNER OF PROPERTY SHALL SUBMIT ON AN ADDITIONAL FORM A BUSINESS PLAN OR DOCUMENTATION DEMONSTRATING THE NATURE OF THE APPLICANT'S INTEREST IN THE BUILDING, STRUCTURE OR SPACE.
2. A COPY OF A CURRENT AND VALID BUSINESS REGISTRATION CERTIFICATE THAT THE OFFICE OF THE TREASURE AND TAX COLLECTOR HAS ISSUED TO THE APPLICANT UNDER BUSINESS AND TAX REGULATIONS CODE SECTION 853. THE NAME ON THE BUSINESS REGISTRATION CERTIFICATE MUST MATCH THE NAME OF THE APPLICANT ON THE APPLICATION FOR THE COMMERCIAL PARKING PERMIT.
3. A COPY OF A CURRENT AND VALID CERTIFICATE OF AUTHORITY FOR THE PARKING GARAGE OR PARKING LOT FOR WHICH THE APPLICANT SEEKS A COMMERCIAL PARKING PERMIT THAT THE OFFICE OF THE TREASURE AND TAX COLLECTOR HAS ISSUED TO THE APPLICANT UNDER BUSINESS AND TAX REGULATION CODE SECTION 6.6-1, OR DOCUMENTATION DEMONSTRATING THAT THE APPLICANT HAS APPLIED TO THE OFFICE OF THE TREASURE AND TAX COLLECTOR FOR A CERTIFICATE OF AUTHORITY FOR THE PARKING GARAGE OR PARKING LOT FOR WHICH THE APPLICANT SEEKS A COMMERCIAL PARKING PERMIT AND HAS OBTAINED THE BOND REQUIRED FOR THAT CERTIFICATE. THE NAME ON THE CERTIFICATE OF AUTHORITY, OR ON THE APPLICATION FOR A CERTIFICATE OF AUTHORITY AND BOND MUST MATCH THE NAME OF THE APPLICANT ON THE APPLICATION FOR THE COMMERCIAL PARKING PERMIT.
4. A COPY OF PLANS FOR THE PARKING GARAGE OR PARKING LOT FOR WHICH THE APPLICANT SEEKS A COMMERCIAL PARKING PERMIT. THE PLANS MUST INCLUDE
 - a) THE NAME AND BUSINESS ADDRESS OF THE APPLICANT,
 - b) THE ADDRESS OF THE PARKING GARAGE OR PARKING LOT,
 - c) THE NAME AND BUSINESS ADDRESS OF THE OWNER OF THE BUILDING, STRUCTURE OR SPACE WHERE THE GARAGE OR LOT IS LOCATED, IF THE APPLICANT IS NOT THE OWNER
 - d) ALL ENTRANCES AND EXITS TO THE GARAGE OR LOT
 - e) THE DIMENSIONS AND TYPES OF CONSTRUCTION OF ALL STRUCTURES, FENCES OR OTHER IMPROVEMENTS AND ANY FEATURES THAT MAY AFFECT STREET TRAFFIC.
 - f) THE TOTAL MOTOR VEHICLE CAPACITY OF THE PARKING GARAGE OR PARKING LOT FOR WHICH THE APPLICANT SEEKS A PERMIT, INCLUDING THE NUMBER OF DESIGNED SPACES AND THE MOTOR VEHICLE CAPACITY OF ALL UNDESIGNATED AREAS THE APPLICANT COULD USE FOR OVERFLOW PARKING.
5. CERTIFICATES OF INSURANCE AND ENDORSEMENTS EVIDENCING INSURANCE IN THE AMOUNTS AND COVERAGES THE CHIEF OF POLICE SETS UNDER SECTION 1215.4(b).
6. A LIST OF ALL EMPLOYEES OR OTHER INDIVIDUALS WORKING AT THE PARKING GARAGE OR PARKING LOT, OR WHOM THE APPLICANT PROPOSES FOR EMPLOYMENT OR WORK AT THE PARKING GARAGE OR LOT.
7. A DECLARATION SIGNED BY THE APPLICANT UNDER PENALTY OF PERJURY CERTIFYING THAT THE APPLICANT HAS VERIFIED THAT IN THE PRECEDING TEN YEARS, NONE OF THE EMPLOYEES OR OTHER INDIVIDUALS HAS BEEN CONVICTED OF OR PLEAD GUILTY OR NO CONTEST TO A COVERED CRIME OR FOR ANY EMPLOYEE OR

OTHER INDIVIDUAL WHO HAS BEEN CONVICTED OF OR PLEAD GUILTY OR NO CONTEST TO A COVERED CRIME IN THE PRECEDING TEN YEARS, WRITTEN AUTHORIZATION FROM THE CHIEF OF POLICE UNDER SECTION 1215.6(b) ALLOWING THE EMPLOYEE OR INDIVIDUAL TO WORK AT THE PARKING GARAGE OR PARKING LOT.

8. THE PROPOSED DESIGN OF THE IDENTIFICATION BADGE FOR EMPLOYEES OR OTHER INDIVIDUALS WORKING AT THE PARKING GARAGE OR PARKING LOT FOR WHICH THE APPLICANT SEEKS A PERMIT.
9. THE NAME AND ADDRESS OF THE PERSON AUTHORIZED TO ACCEPT SERVICE OF PROCESS FOR THE APPLICANT
10. ANY OTHER INFORMATION THAT THE CHIEF OF POLICE FINDS REASONABLY NECESSARY TO INVESTIGATE THE APPLICATION.
11. FEES: THE APPLICANT SHALL SUBMIT ANY FILING FEE WITH THE APPLICATION, AS WELL AS ANY FEES FOR INSPECTIONS OR SERVICES PROVIDED BY OTHER CITY DEPARTMENTS IN INVESTIGATING THE APPLICATION.

ACKNOWLEDGMENT AND DECLARATION:

I, _____, UNDERSTAND THAT THERE MAY BE SECTIONS OF THE SAN FRANCISCO MUNICIPAL CODE THAT ARE APPLICABLE TO MY BUSINESS AND/OR PERMIT. THERE ARE COPIES OF THE SAN FRANCISCO CODE AVAILABLE AT CITY HALL, THE PUBLIC LIBRARY, LEGAL BOOKSTORES, AND WEBSITE MUNICODE.COM. IF THE MUNICIPAL POLICE CODE UNDER SECTION 1215 THROUGH 1215.6 REQUIRES THE APPLICANT TO SUBMIT DOCUMENTS WITH THE APPLICATION, I ACKNOWLEDGE THAT THE DOCUMENTS ARE PART OF THE APPLICATION, AND I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED AT SAN FRANCISCO, CALIFORNIA. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED BY ME, RELATIVE TO THIS APPLICATION, MAY BE CONSIDERED CAUSE TO EITHER DENY THE REQUESTED PERMIT OR REVOKE THE PERMIT THAT IS GRANTED.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SFPD USE ONLY

HEARING DATE DATE	RECEIVED BY	TEMP. ISSUED BY	ADVERTISED BY	CLASS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____