

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS
TO RENEW AND ESTABLISH THE
FISHERMAN'S WHARF COMMUNITY BENEFIT DISTRICT

1. We are the owner(s) of businesses within the proposed special assessment district to be named the "FISHERMAN'S WHARF/PORTSIDE COMMUNITY BENEFIT DISTRICT" (hereafter "PORTSIDE CBD" or "district"), the boundaries of which are shown on the attached map and on page 25 of the Management Plan for the PORTSIDE CBD (hereafter "Plan"), or are authorized to represent the owners(s). Copies of the complete Plan are available on our website www.fwcbd.com/renewal. You can also email our Executive Director, Randall Scott at randall@fwcbd.com to ask questions or request an emailed copy.
2. We are or represent the persons and/or entities obligated to pay the special assessments on businesses proposed to pay for marketing and promotions, beautification, safe passage/security, afternoon cleaning, and other improvements and activities that confer special benefits to the businesses within the district as described in the Plan.
3. We petition the Board of Supervisors to initiate special assessment district proceedings in accordance with applicable state and local laws (California Streets and Highways Code Sections 36600 et seq. "Property and Business Improvement District Law of 1994" as augmented by the City and County of San Francisco Business and Tax Regulation Code Article 15 "Business Improvement District Procedure Code").
4. We understand that upon receipt of this petition signed by business owners who will pay more than thirty percent (30%) of the proposed assessments, the Board of Supervisors (hereafter "Board") may initiate proceedings to authorize the PORTSIDE CBD. These proceedings will include a balloting of business owners where a weighted majority of business owners who return a ballot will authorize the establishment of the district.

Business Name: Pier 39 Limited Partnership

D/B/A: Pier 39

*Please correct any mistakes.

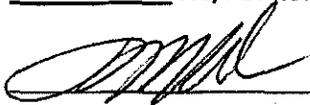
Fiscal 20/21 Annual Assessment Total: \$41,437.76

Business Owner Percent of Total: 16.36%

Facility: 1390 Pier 39, San Francisco, CA 94133

 X Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

 No, I do not petition the Board of Supervisors to initiate special assessment proceedings.



Signature of Business Owner or Authorized Representative

4-14-20

Date

Taylor Safford

Print Name of Business Owner or Authorized Representative

PLEASE RETURN BY MARCH 30, 2020 TO:

Fisherman's Wharf CBD | Attn: Randall Scott | 2801 Leavenworth St, Suite B-16 | San Francisco, CA 94133

The full Fisherman's Wharf Community Benefit District Management Plan can be found online at <http://www.fwcbd.com/renewal>. For more information regarding formation of the Fisherman's Wharf CBD, or if you believe any of the information stated in this petition is incorrect, please contact Randall Scott or (415) 673-3530 or randall@fwcbd.com. To request the full printed copy of the Plan or a digital version on a flash drive please call 415-673-3530 or e-mail randall@fwcbd.com and provide contact name, business (if applicable), address and telephone number (for questions).

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Business Name: Wharf Store, The

D/B/A: SFO Forecast, Inc.

*Please correct any mistakes.

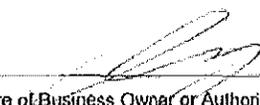
Fiscal 20/21 Annual Assessment Total: \$3,903.47

Business Owner Percent of Total: 1.54%

Facility: Sea Wall Lot 2, San Francisco, CA 94133

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.



Signature of Business Owner or Authorized Representative

4-1-2020

Date

DAVID BENSEY - S.V.P

Print Name of Business Owner or Authorized Representative

PLEASE RETURN BY MARCH 30, 2020 TO:

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Business Name: Bay Company / The Flagship

D/B/A: SFO Forecast, Inc.

*Please correct any mistakes.

Fiscal 20/21 Annual Assessment Total: \$6,852.90

Business Owner Percent of Total: 2.71%

Facility: Sea Wall Lot 303, San Francisco, CA 94133

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.



Signature of Business Owner or Authorized Representative

4-1-2020

Date

DAVID BERBERY S.V.P.

Print Name of Business Owner or Authorized Representative

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Business Name: Cioppino's

D/B/A: SFO Forecast, Inc.

*Please correct any mistakes

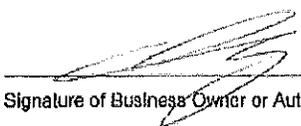
Fiscal 20/21 Annual Assessment Total: \$12,902.65

Business Owner Percent of Total: 5.10%

Facility: Sea Wall Lot 303, San Francisco, CA 94133

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.



Signature of Business Owner or Authorized Representative

4-1-2020

Date

DAVID BERKELEY / S.V.P.

Print Name of Business Owner or Authorized Representative

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Business Name: Safe Harbor

D/B/A: SFO Forecast, Inc.

*Please correct any mistakes.

Fiscal 20/21 Annual Assessment Total: \$1,847.92

Business Owner Percent of Total: 0.73%

Facility: Sea Wall Lot 302, San Francisco, CA 94133

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.



Signature of Business Owner or Authorized Representative

4/1/2020

Date

David Berber, SVP

Print Name of Business Owner or Authorized Representative

PLEASE RETURN BY MARCH 30, 2020 TO:

Fisherman's Wharf CBD | Attn: Randall Scott | 2801 Leavenworth St, Suite B-16 | San Francisco, CA 94133

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Business Name: Scoma's Restaurant, Inc.

DBA: Scoma's Restaurant, Inc.

*Please correct any mistakes.

Fiscal 2021 Annual Assessment Total: \$23,519.77

Business Owner Percent of Total: 9.29%

Facility: 1470 Pier 47, San Francisco, CA 94133

Yes, I petition the Board of Supervisors to initiate special assessment proceedings.

No, I do not petition the Board of Supervisors to initiate special assessment proceedings.


Signature of Business Owner or Authorized Representative


Date

Print Name of Business Owner or Authorized Representative

PLEASE RETURN BY MARCH 30, 2020 TO:
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