

Please print clearly the full business contact details below:

Business Name: San Francisco Lessee, LLC

D/B/A: Hilton San Francisco Union Square

Address of Business: 333 O'Farrell Street, San Francisco, CA 94102

Business Registration Certificate (Business License) Name: 1063162 Hilton San Francisco Union Square

Business Owner's Name: Park Hotels and Resorts

Business Owner's Address: 1775 Tysons Blvd. 7th Floor, Tysons, VA22102

 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.

Therese Lewis

Signature of Business Owner or Authorized Representative

Therese Lewis

Print Name of Business Owner or Authorized Representative

April 20, 2022

Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions

Attn: Paul Frentsos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE
SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT

Please print clearly the full business contact details below:

Business Name: Parc 55 Lessee, LLC

D/B/A: Parc 55 San Francisco, A Hilton Hotel

Address of Business: 55 Cyril Magnin Street, San Francisco, CA 94102

Business Registration Certificate (Business License) Name: 1066185 Parc 55 San Francisco, A Hilton Hotel

Business Owner's Name: Park Hotels and Resorts

Business Owner's Address: 1775 Tysons Blvd. 7th Floor, Tysons, VA22102

 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.

Therese Lewis

Signature of Business Owner or Authorized Representative

Therese Lewis

Print Name of Business Owner or Authorized Representative

April 20, 2022

Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions

Attn: Paul Frentzos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE
SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT

Please print clearly the full business contact details below:

Business Name: KSSF Enterprises LTD

D/B/A: W San Francisco

Address of Business: 181 3rd Street, San Francisco, CA 94103

Business Registration Certificate (Business License) Name: KSSF Enterprises LTD

Business Owner's Name: Keck Seng Investment (HK) LTD

Business Owner's Address: Room 2902 West Tower, Shun Tak Centre,

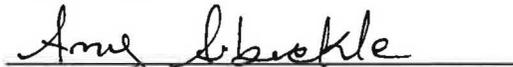
168 – 200 Connaught Road, Central, Hong Kong

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



Print Name of Business Owner or Authorized Representative

4/7/22
Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions

Attn: Paul Frentsos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: St. Regis San Francisco

D/B/A: St. Regis San Francisco

Address of Business: 125 3RD ST. SAN FRANCISCO, CA 94103

Business Registration Certificate (Business License) Name: ST. REGIS HOTEL SAN FRANCISCO

Business Owner's Name: QIA

Business Owner's Address: _____

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

Roger Haldi
Print Name of Business Owner or Authorized Representative

4/8/2022
Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: Hyatt Hotels Corporation

D/B/A: Hyatt Regency San Francisco

Address of Business: 5 Embarcadero Center

Business Registration Certificate (Business License) Name: Sunstone EC5 LLC

Business Owner's Name: Sunstone Hotels

Business Owner's Address: 200 Spectrum Center Dr. Irvine, CA 92618

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

Matt Humphrey

Print Name of Business Owner or Authorized Representative

4/11/22

Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions

Attn: Paul Frentsos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: DTRS/St Francis LLC

D/B/A: The Westin St. Francis

Address of Business: 335 Powell Street, San Francisco, CA 94102

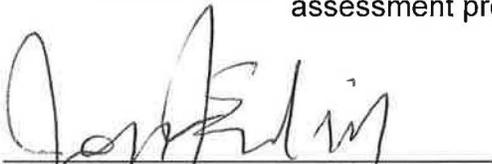
Business Registration Certificate (Business License) Name: The Westin St. Francis

Business Owner's Name: Strategic Hotels & Resorts

Business Owner's Address: 150 North Riverside Plaza, Suite 4270, Chicago, IL 60606

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

Jon Kimball
Print Name of Business Owner or Authorized Representative

April 8, 2022
Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions
Attn: Paul Frentos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: GRAND HYATT SF 1019827

D/B/A: GRAND HYATT SF ON UNION SQUARE

Address of Business: 345 STOCKTON ST

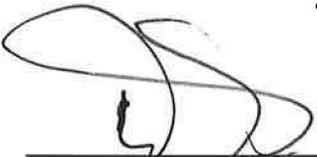
Business Registration Certificate (Business License) Name: ROCKLEDGE PROPERTIES INC

Business Owner's Name: HOST HOTELS & RESORTS

Business Owner's Address: 4747 BETHESDA AVE
BETHESDA MD 20814

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

DAVID LEWIN

Print Name of Business Owner or Authorized Representative

4/5/2022

Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentsos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: San Francisco Marriott Union Square

D/B/A: Marriott SF Union Square

Address of Business: 480 Sutter St San Francisco CA 94108

Business Registration Certificate (Business License) Name:

Business Owner's Name: Felcor Union Square Lessee, LLC

Business Owner's Address: 3 Bethesda Metro CTR Ste 1000
Bethesda, Maryland (MD) 20814-6347

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.

A. Clifton
Signature of Business Owner or Authorized Representative

Angie Clifton, General Manager
Print Name of Business Owner or Authorized Representative

April 8, 2022
Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions
Attn: Paul Frentsos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: Ritz-Carlton San Francisco

D/B/A:

Address of Business: 600 Stockton Street

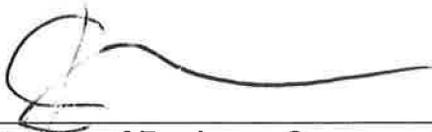
Business Registration Certificate (Business License) Name:

Business Owner's Name: Watermark REIT

Business Owner's Address: 150 North Riverside Plaza Suite 4200 Chicago, ILL 60606

 XXX 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

 Stephen Power

Print Name of Business Owner or Authorized Representative

4/13/2022

Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions

Attn: Paul Frentzos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: CDC San Francisco LLC

D/B/A: InterContinental San Francisco

Address of Business: 888 Howard Street, San Francisco, CA 94103

Business Registration Certificate (Business License) Name: CDC San Francisco LLC

Business Owner's Name: CDC San Francisco LLC

Business Owner's Address: 3 Ravinia Drive, Suite 100, Atlanta, GA 30346

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

RAYMOND VERMEULEN
Print Name of Business Owner or Authorized Representative

4/12/22
Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX

BY 4, 12, 2022 TO:

San Francisco Travel Association – TID Petitions

Attn: Paul Frentzos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE
SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT

Please print clearly the full business contact details below:

Business Name: Hotel Nikko San Francisco

D/B/A: Hotel Nikko San Francisco

Address of Business: 222 MASON Street San Francisco CA 94102

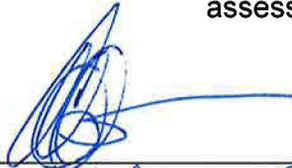
Business Registration Certificate (Business License) Name: Hotel Nikko San Francisco

Business Owner's Name: Datam SF LLC

Business Owner's Address: 222 Mason St. San Francisco, CA 94102

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

Anna Marie Presutti
Print Name of Business Owner or Authorized Representative

4.12.2022
Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: Palace San Francisco, A Luxury Collection Hotel

D/B/A: Palace Hotel

Address of Business: 2 New Montgomery, SF, CA 94105

Business Registration Certificate (Business License) Name: Kyo-ya Hotels & Resorts LP; Business License Account # 0395887

Business Owner's Name: Kyo-ya Hotels & Resorts

Business Owner's Address: Kyo-Ya Hotels and Resorts, LP; Sheraton Waikiki Hotel, 2nd Floor, 2255 Kalakaua Avenue, Honolulu, HI 96815

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

Clayton Clark - General Manager

Print Name of Business Owner or Authorized Representative

4-14-22

Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions

Attn: Paul Frentsos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Please print clearly the full business contact details below:

Business Name: The Clancy, an Autograph Collection Hotel

D/B/A: Ashfrod TRS Sapphire III LLC DBA The Clancy, an Autograph Collection Hotel

Address of Business: 299 2nd street San Francisco CA 94105

Business Registration Certificate (Business License) Name: Ashford TRS Sapphire III LLC

Business Owner's Name: ASHFORD

Business Owner's Address:
14185 Dallas Parkway, Suite 1100
Dallas, TX 75254
Direct Line: 972-778-9494

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

Nany Fullmore
Print Name of Business Owner or Authorized Representative

4/11/2022
Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentsos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Please print clearly the full business contact details below:

Business Name: 50 Third Street Owner LP

D/B/A: Hyatt Regency San Francisco Downtown Soma

Address of Business: 50 Third Street San Francisco CA 94103

Business Registration Certificate (Business License) Name: 50 Third Street Owner, LP

Business Owner's Name: Highgate Hotels, L.P.

Business Owner's Address: 870 7th Avenue, 2nd Floor, New York, NY 10019

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.

Michael P. Baier
Signature of Business Owner or Authorized Representative

Michael P. Baier
Print Name of Business Owner or Authorized Representative

4/12/2022
Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

**San Francisco Travel Association – TID Petitions
Attn: Paul Frentsos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com**

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

**PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE
SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT**

Please print clearly the full business contact details below:

Business Name: Wildcats Lessee LLC

D/B/A: Argonaut Hotel

Address of Business: 495 Jefferson Street, S.F. CA 94109

Business Registration Certificate (Business License) Name: 0456663

Business Owner's Name: _____

Business Owner's Address: _____

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

STEFAN MÜHLE
Print Name of Business Owner or Authorized Representative

APRIL 1, 2022
Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: Creedence Lessee, LLC

D/B/A: Hotel Zoe

Address of Business: 425 North Point Street, S.F. CA 94133

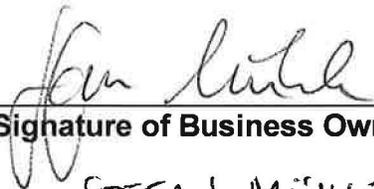
Business Registration Certificate (Business License) Name: 1014383

Business Owner's Name: _____

Business Owner's Address: _____

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

STEFAN MÜHLE
Print Name of Business Owner or Authorized Representative

APRIL 1, 2022
Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: Mason Street OPCO LLC

D/B/A: Fairmont San Francisco

Address of Business: 950 Mason Street, San Francisco, CA 94108

Business Registration Certificate (Business License) Name: 1021268

Business Owner's Name: Mason Street OPCO LLC

Business Owner's Address: East Tower 20F, Mirae Asset Center1, 26, Eulji-ro 5-gil,
Jung-gu – Seoul 100-210, Republic of Korea

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

M. Treppenbauer - General Manager

Print Name of Business Owner or Authorized Representative

4.5.22

Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions
Attn: Paul Frentsos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE
SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT

Please print clearly the full business contact details below:

Business Name: CHSP TRS LLC

D/B/A: JW Marriott San Francisco

Address of Business: 500 Post Street

Business Registration Certificate (Business License) Name: 1022749

Business Owner's Name: Park Hotels and Resorts

Business Owner's Address:
1775 Tysons Blvd., 7th Floor
Tysons, VA 22102

 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.

John Anderson

Signature of Business Owner or Authorized Representative

John Anderson - General Manager

Print Name of Business Owner or Authorized Representative

 4/6/2022
Date Signed

**PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:**

San Francisco Travel Association – TID Petitions
Attn: Paul Frentsos
TEL: 415 227-2606
FAX: 415 541-0228
Email: paul@sftravel.com
Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

Please print clearly the full business contact details below:

Business Name: Marriott Hotel Services, Inc.

D/B/A: San Francisco Marriott Marquis

Address of Business: 55 Fourth Street, San Francisco, CA 94103

Business Registration Certificate (Business License) Name: San Francisco Marriott Marquis

Business Owner's Name: Marriott Hotel Services, Inc.

Business Owner's Address: 55 Fourth Street, San Francisco, CA 94103

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

RICARDO M. MORSE

Print Name of Business Owner or Authorized Representative

4/1/2022

Date Signed

PLEASE SIGN AND RETURN BY EMAIL OR FAX
BY _____, _____, 2022 TO:

San Francisco Travel Association – TID Petitions

Attn: Paul Frentsos

TEL: 415 227-2606

FAX: 415 541-0228

Email: paul@sftravel.com

Alt email: cassandra@sftravel.com

Petitions will be submitted to the Clerk of the Board of Supervisors by the end of the day on _____, 2022, for the introduction of a Resolution of Intent to Form an Assessment District at the Board meeting on or about _____, 2022.

PETITION TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO RENEW AND EXPAND THE
SAN FRANCISCO TOURISM IMPROVEMENT DISTRICT