



PARKING AUTHORITY OF BALTIMORE CITY
200 W. Lombard Street, Suite B
Baltimore, MD 21201
Main: 443-573-2800
Valet_Parking@BCParking.com



VALET PARKING ZONE PERMIT APPLICATION

Date: _____

Host Applicant's Legal Name: _____

Host Business/Trade Name: _____

Principal Place of Business: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

_____ (Trade name) will provide valet parking services as a (select one)

☐ Host-Operator

☐ Contract-Operator Name _____ License Number _____

Any change of Contract-Operator must immediately be reported to the Parking Authority of Baltimore City.

Location(s) of proposed valet parking services:

Type of business at proposed location (restaurant, hotel, etc.) _____

Seating or other occupancy capacity at location _____ (according to BCFD)

Please attach a description of the proposed valet parking zone and service. Please provide photographs of the curb space or roadway, equipment and supplies (signs, podium, key security system, valet tickets, damage claim forms, etc.), and proposed valet procedures (during and after operating hours).

For Office Use:

Valet Zone Permit Application	\$500		Bxxx-xxx-xxx-03-xxx
Valet Zone Permit (Right of Way)		\$1,100 Per linear feet	Bxxx-xxx-xxx-04-xxx

Notes for Finance

Days and Times of Operation

DAY	TIMES	ESTIMATED NO. OF VEHICLES PARKED/HOUR	ESTIMATED NO. OF VALET EMPLOYEES

Off Street Parking

Will host use an off-street parking facility located on the host's premises? Yes ☐ No ☐

If "No" is checked, please provide information for lines a-d.

- a. Facility Name _____ Business License Number _____
- b. Address _____ City _____ State _____ Zip _____
- c. Telephone _____
- d. Distance in feet off-street facility is from proposed valet parking zone: _____ (\$1,100 per space. 20 Linear Ft.)

Number of spaces in off-street facility _____

Number of spaces reserved for the exclusive use of vehicles from the valet parking service _____

If facility is not located on host's premises, attach a copy of the lease or other agreement between the host and the management of the off-street facility.

Description of route(s) to be driven between the valet parking zone and the off-street parking facility:

Please provide proof of advance written notice of the host's valet parking plan to adjoining properties, property directly across the street, community organizations and councilmember(s) of affected area.

I, _____, affirm that I represent the host and I am signing as (*select from below*)

- ☐ Owner of _____
- ☐ Managing Partner of _____
- ☐ Chief Executive Officer of _____
- ☐ Other _____

Signature: _____ Date: _____

Payment:

- ☐ Check _____
- ☐ Money Order _____
- ☐ Credit Card _____

A non-refundable \$500.00 application permit fee is required to process this application. Payment may be made by check, money order, or credit card. Please complete the attached form for a credit card payment. All credit card information must be faxed to secure fax number at 410-244-1730. Additional fees will apply for the use of right-of-way at \$1,100.00 per space (20 linear ft.). These fees are non-refundable and must be paid prior to issuance of permit.