



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

CONTACT INFORMATION

DATE: _____

HOST APPLICANT'S LEGAL NAME: _____

HOST BUSINESS/TRADE NAME: _____

PRINCIPAL PLACE OF BUSINESS Street Address: _____

CITY _____ ZIP: _____

Business Phone: _____

General Manager Contact Information: Phone: _____

Email: _____

Owner Contact Information: Phone: _____

Email: _____

VALET PARKING PLAN

HOST _____ (*trade name*), will provide valet parking services as a: (*select one*)

Host-Operator License

Contract-Operator License Name: _____ License # _____

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

LOCATION(S) OF PROPOSED VALET PARKING SERVICES (*location may be different than mailing address of business*):

TYPE OF BUSINESS AT PROPOSED LOCATION (*restaurant, theater, etc.*)

SEATING OR OTHER OCCUPANCY CAPACITY AT LOCATION: _____ (*according to BCFD*)

DO YOU HAVE A CURRENT PASSENGER LOADING ZONE? Yes No

If "yes" is checked, please provide information for lines a-b.

- a. How many linear feet is the current passenger loading zone? _____
- b. Would you like to add or subtract footage to your current zone? _____

If "no" is checked, how many linear feet are you requesting for your proposed zone location? _____

DO YOU CHARGE A FEE FOR VALET SERVICES TO YOUR CUSTOMERS? Yes No

DAYS AND TIMES OF CURRENT VALET OPERATION:

Check the days of the week that you provide valet services:		Valet Hours (<i>ex: 5pm-12am</i>)	Estimated number of Vehicles Valet parked per day:	Estimated Number of employees per hour staffed at this location:
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
<i>Example:</i>				
<i>Friday</i>	<i>X</i>	<i>5pm-1am</i>	<i>25/day</i>	<i>2 employees/hour</i>

OFF-STREET PARKING FACILITY

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-e.

- a. Parking Facility Name _____ Business License # _____
- b. Address _____ Zipcode _____
- c. Phone # _____
- d. Number of total parking spaces in off-street facility _____
- e. Number of spaces reserved for the exclusive use of vehicles from the valet parking service _____

DRIVING ROUTES

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

To parking facility: _____

From parking facility: _____

ATTACHMENTS

The following attachments are to be provided when submitting your application in order for the application to be considered for review:

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

- Please attach verification of **advance written notice** of the application and valet parking plan that has been provided to *(This may be in the form of copied emails or letters showing addressee and date notification was given)*:
 - a. The adjacent property owners of the host
 - b. The property owners across the street from the proposed valet zone
 - c. The neighborhood associations on file with the Department of Planning (<http://cityservices.baltimorecity.gov/cad/Home.aspx>).
 - d. The area councilmen representative

- Please attach photographs of the following:
 - a. The proposed valet parking zone's curb space and roadway
 - b. The sign, podium, key security system, claim tickets, vehicle damage claim form and uniforms the valet operator uses at your location. *(Pictures of these items used by the valet operator at other locations will not be accepted).*

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

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

Signature: _____ Date: _____

Payment:

- Check _____
- Money Order _____
- Credit Card _____

A non-refundable \$500.00 application 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 authorization. All credit card information must be faxed to a secure fax number at 410-244-1730. You will receive email confirmation once the charge has been processed. Additional fees will apply for the use of right-of-way at \$1,100.00 per space (20 linear feet). These fees are non-refundable and must be paid prior to issuance of permit.