



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 _____

PHONE: _____

_____ (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.

VALET PARKING PLAN

LOCATION(S) OF PROPOSED VALET PARKING SERVICES:

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

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

Please attach a description and photographs of the proposed valet parking zone and service, including photographs of the curb space and roadway, and descriptions (and photos, if available) of the following: proposed equipment (i.e. signs; podium; key security system; etc.); proposed supplies (i.e. valet tickets; damage claim forms; etc.); and proposed procedures (i.e. key security; after operating hours key security; etc.).

DAYS AND TIMES OF OPERATION:

Days of the Week:	Times:	Estimated # of Vehicles Valet Parked/Hour:	Estimated # of Valet Employees:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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-d.

- a. Facility Name _____ Business License # _____
- b. Address _____ City _____ State _____ Zip _____
- c. Phone _____
- d. Distance in feet off-street facility is from proposed valet parking zone: _____ (\$1,200 /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 _____

Attached **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.

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

Attached verification of **advance written notice** of the application and valet parking plan has been provided to (1) the adjacent property owners of the host and (2) the neighborhood associations on file with the Department of Planning (<http://cityservices.baltimorecity.gov/cad/Home.aspx>).

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 \$1,200.00 per space (20 linear feet). These fees are non-refundable and must be paid prior to issuance of permit.