



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



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## SPECIAL EVENT VALET PARKING PERMIT APPLICATION

**Application must be submitted at least 7 business days prior to the event**

DATE \_\_\_\_\_

APPLICANT'S LEGAL NAME \_\_\_\_\_

BUSINESS/TRADE NAME \_\_\_\_\_

PRINCIPAL ADDRESS OF BUSINESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

EVENT VALET OPERATOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

MANAGER(S)

(Special Event Contact)

DAYTIME PHONE #

NIGHTTIME PHONE #

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### VALET LOCATION INFORMATION

LOCATION OF EVENT \_\_\_\_\_

☐ METERS(s) List Meter Numbers: \_\_\_\_\_

☐ NON-METERED Total Curb Length (in linear feet): \_\_\_\_\_

Loading area description (i.e. N.E. corner of Main St. on 15<sup>th</sup>): \_\_\_\_\_

Location where vehicles will be parked (Garage/Parking Lot Address): \_\_\_\_\_

Number of Valet attendants on staff during peak: \_\_\_\_\_

### For Office Use:

Special Event Permit Application	\$10		Bxxx-xxx-xxx-05-xxx
Meter Bagging			Bxxx-xxx-xxx-0x-xxx

Date(s) and hours of operation of this special event valet service:

Date(s) \_\_\_\_\_ Hours \_\_\_\_\_

**OPERATIONAL PLAN AND SUPPORTING DOCUMENTS. PLEASE PROVIDE ALL BELOW:**

- ☐ Copy of Current Valet Operator License
- ☐ Map (sketch of proposed location including streets, arrows of traffic flow and route)
- ☐ Valid lease for parking lot/garage, or permission from client/owner/operator
- ☐ Proof of Insurance

*\*attach additional information on a separate sheet of paper*

I, \_\_\_\_\_, certify that I have inspected the driver licenses of all the valet attendants employed by my company, and I can confirm that their driver licenses are in good standing and that the valet attendants are 18 years or older and;

I, \_\_\_\_\_, affirm that I am (*select from below*)

- ☐ Sole Proprietor of \_\_\_\_\_
- ☐ Managing Partner of \_\_\_\_\_
- ☐ Chief Executive Officer of \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment:

- ☐ Check (payable to Director of Finance) \_\_\_\_\_
- ☐ Money Order (payable to Director of Finance) \_\_\_\_\_
- ☐ Credit Card \_\_\_\_\_

A non-refundable \$10.00 application fee is required to process this application. Additional fees will apply if meter bagging is required for a Special Event Parking Permit. Payment may be made by check, money order, or credit card. Pay to the order of DIRECTOR OF FINANCE. 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.

**ALL APPLICATIONS MUST BE SUBMITTED AT LEAST 7 BUSINESS DAYS PRIOR TO EVENT DATE.**