



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



VALET OPERATOR'S LICENSE APPLICATION

Date: _____

Applicant Legal Name: _____

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 ☐

☐ Certificate of good standing from SDAT attached.

MANAGER(S)

(Minimum of 2 contacts)

PRIMARY TELEPHONE

SECONDARY TELEPHONE

List any other of the applicant's business addresses*:

Address: _____

Address: _____

Telephone: _____

Telephone: _____

For Office Use:

| | | | | |
|--|---------------------------|-------|--|---------------------|
| | Valet License Application | \$25 | | Bxxx-xxx-xxx-01-000 |
| | Valet License | \$250 | | Bxxx-xxx-xxx-02-xxx |

Notes for Finance

List all valet parking licenses or permits issued to applicant within the preceding 5 years, whether by the City of Baltimore or any other jurisdiction*:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List of all hosts in the city or any other jurisdiction that have used the applicant's services within the preceding 2 years*:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

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

Please attach to this application proof of required insurance in the form of a declaration page. Any cancellations or modifications must be disclosed to the Parking Authority immediately.

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

I, _____, affirm that I am (*select from below*)

- ☐ Sole Proprietor of _____
- ☐ Managing Partner of _____
- ☐ Chief Executive Officer of _____
- ☐ Other _____

Signature: _____ Date: _____

Payment:

- ☐ Check/Money order number _____ Amount \$ _____
- ☐ Credit Card amount \$ _____ please complete the credit card authorization form and attach

A non-refundable \$25.00 application fee is required to process this application. A \$250.00 non-refundable annual licensing fee will be required before issuance of license. 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 a secure fax number at 410-244-1730.