



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



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## VALET OPERATOR'S LICENSE RENEWAL APPLICATION

Applicant Legal Name: \_\_\_\_\_

Business/Trade Name (DBA): \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Other Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email: \_\_\_\_\_

*Provide contact information for two (2) managers below:*

Manager Name: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

List all valet parking licenses or permits granted to applicant within the past 5 years, from the City of Baltimore and any other jurisdictions:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

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

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

OPERATOR LICENSE NUMBER			
	Valet License Application	\$25	Bxxx-xxx-xxx-01-000
	Valet License	\$250	Bxxx-xxx-xxx-02-xxx

**Attach the following documents to this application. Then, initial to certify that the item is attached. Submit all attachments with application. **Incomplete applications will not be accepted.****

<u><b>Required Documents</b></u>	<b>Initial</b>
<b>1. Proof of Insurance</b> The insurance certificate <b>must</b> include the following: <ul style="list-style-type: none"> <li>The Certificate Holder <b>must</b> be addressed to:              Mayor and City Council of Baltimore City              100 N. Holiday Street              Baltimore, MD 21202</li> </ul>	
<b>2. Certificate of Good Standing from the Maryland SDAT</b> <ul style="list-style-type: none"> <li>To obtain a certificate, visit:  <a href="https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx">https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx</a></li> </ul>	
<b>3. Payment by check, money order, or credit card</b> A non-refundable \$25.00 application fee is required to process this application. A \$250.00 non-refundable annual licensing fee is also required prior to the issuance of license. Complete and attach the necessary form for credit card payment. All credit card information must be faxed to our secure fax number at 410-244-1730.	

I, \_\_\_\_\_, affirm that I am (*select from below*)  
 (Print First and Last name)

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

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.

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