



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

Business Legal Name: \_\_\_\_\_

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

Street address: \_\_\_\_\_ Baltimore, MD \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_ (Zip)

Type of business at proposed location (*restaurant, hotel, etc.*) \_\_\_\_\_

Seating or other occupancy capacity at location \_\_\_\_\_ (*according to BCFD*)

Valet Operator Name \_\_\_\_\_ License Number \_\_\_\_\_

*Contract-Operator changes must immediately be reported to the Parking Authority of Baltimore City.*

Location(s) of proposed valet parking services:

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

Indicate length (in linear feet) of proposed valet parking zone:    20            40            60            80            80+

Off-Street Lot/Garage Name \_\_\_\_\_

Address \_\_\_\_\_ Baltimore, MD \_\_\_\_\_

Telephone \_\_\_\_\_ Business License Number \_\_\_\_\_ (Zip)

Total No. of Spaces \_\_\_\_\_ No. of Spaces Reserved for Valet Parking Service \_\_\_\_\_

The lot or garage is located on your property or a part of your lease?    ☐ Yes    ☐ No

Hours of Valet Operations			
DAY	TIMES	ESTIMATED NO. OF VEHICLES PARKED/DAY	ESTIMATED NO. OF VALET EMPLOYEES
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

DO NOT WRITE BELOW THIS LINE

Operator's License Number			
	Valet Zone Permit Application	\$500	Bxxx-xxx-xxx-03-xxx
	Valet Zone Permit (Right of Way)	\$1,100 Per linear feet	Bxxx-xxx-xxx-04-xxx

<b>Attach the following documents to this application. Then, initial to certify that the item is attached.</b> <b>Submit all attachments with application. Incomplete applications will not be accepted.</b>								
<b><u>Required Documents</u></b>		<b>Initial</b>						
<b>1. Photos of the following:</b> <table border="1"> <tr> <td><input type="checkbox"/> Curb space/roadway</td> <td><input type="checkbox"/> Valet attendant uniform</td> <td><input type="checkbox"/> Valet ticket</td> </tr> <tr> <td> <input type="checkbox"/> Valet sign(s) must include: <ul style="list-style-type: none"> <li>• Venue name</li> <li>• Operator name</li> <li>• All fees charged</li> </ul> </td> <td><input type="checkbox"/> Damage and/or accident claim form</td> <td><input type="checkbox"/> Key storage system/secure podium</td> </tr> </table>		<input type="checkbox"/> Curb space/roadway	<input type="checkbox"/> Valet attendant uniform	<input type="checkbox"/> Valet ticket	<input type="checkbox"/> Valet sign(s) must include: <ul style="list-style-type: none"> <li>• Venue name</li> <li>• Operator name</li> <li>• All fees charged</li> </ul>	<input type="checkbox"/> Damage and/or accident claim form	<input type="checkbox"/> Key storage system/secure podium	
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<b>2. Off-street parking agreement</b> A fully executed copy of the agreement <b>must</b> include the following: <ul style="list-style-type: none"> <li>• Day(s) and time(s) of garage utilization</li> <li>• Total number of spaces in the off-street facility</li> <li>• Total number of spaces reserved for valet</li> <li>• Length of term</li> <li>• Signature from host venue official <i>and</i> parking off-street facility official</li> </ul>								
<b>3. Route map or written directions from the host venue <i>to</i> the parking facility.</b>								
<b>4. Route map or written directions from the host venue <i>from</i> the parking facility.</b>								
<b>5. Advance written notice. Address notice(s) to the following:</b> <table border="1"> <tr> <td><input type="checkbox"/> Adjoining residents</td> <td><input type="checkbox"/> Residents across the street</td> </tr> <tr> <td><input type="checkbox"/> Community association(s)</td> <td><input type="checkbox"/> Host venue district Councilperson</td> </tr> </table> <p>Forward all correspondence via email to Valet_Parking@bcparking.com</p>		<input type="checkbox"/> Adjoining residents	<input type="checkbox"/> Residents across the street	<input type="checkbox"/> Community association(s)	<input type="checkbox"/> Host venue district Councilperson			
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<b>6. Payment by check, money order, or credit card</b> <i>A non-refundable \$500.00 application permit fee is required to process this application. Payment may be made by check, money order, or credit card. Complete and attach the necessary form for a credit card payment. All credit card information must be faxed to our secure fax number at 410-244-1730. Additional fees will apply for the use of right-of-way at \$1,100.00 per space (20 linear ft minimum.). These fees are non-refundable and must be paid prior to issuance of permit.</i>								

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

<input type="checkbox"/> Sole Proprietor of _____	<input type="checkbox"/> Managing Partner of _____
<input type="checkbox"/> Chief Executive Officer of _____	<input type="checkbox"/> Other _____

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