



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 RENEWAL 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 valet parking zone: 20 40 60 80 Other _____

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

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>Required Documents</u>			Initial						
1. Photos of the following: <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"> • Venue name • Operator name • All fees charged </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"> • Venue name • Operator name • All fees charged 	<input type="checkbox"/> Damage and/or accident claim form	<input type="checkbox"/> Key storage system/secure podium	
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2. Off-street parking agreement A fully executed copy of the agreement must include the following: <ul style="list-style-type: none"> • Day(s) and time(s) of garage utilization • Total number of spaces in the off-street facility • Total number of spaces reserved for valet • Length of term • Signature from host venue official <i>and</i> parking off-street facility official 									
3. Route map or written directions from the host venue <i>to</i> the parking facility.									
4. Route map or written directions from the host venue <i>from</i> the parking facility.									
5. Advance written notice. Address notice(s) to the following: <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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6. Payment by check, money order, or credit card <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: _____