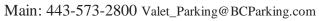


PARKING AUTHORITY OF BALTIMORE CITY 200 W. Lombard Street, Suite B Baltimore, MD 21201





VALET PARKING ZONE PERMIT RENEWAL APPLICATION

Business Legal Name	2:						
Business/Trade Name	e (DBA):						
Street address:		E	Baltimore, MD				
		mail Address:	(7in)				
Type of business at pr	roposed location (n	restaurant, hotel, etc.)					
Seating or other occur	pancy capacity at 1	ocation	(according to BCFD)				
Valet Operator Name		License Nu	License Number				
Contract-Operator changes must <u>immediately</u> be reported to the Parking Authority of Baltimore City.							
Location(s) of proposed valet parking services:							
Indicate length (in lin	e Name		0 80 Other				
Address		Ba	Baltimore, MD				
Address Baltimore, MD Telephone Business License Number			per				
Total No. of Spaces	Γotal No. of Spaces No. of Spaces Reserved for Valet Parking Service						
-		perty or a part of your lease?					
	H	Iours 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-vxx-04-xxx

Attach the following documents to this application. Then, initial to certify that the item is attached						
Subn	nit all attachments with appl	ication. Incomplete applicatio	ns will not be accepted.			
		Required Documents		Initial		
1.	Photos of the following:					
	☐ Curb space/roadway	☐ Valet attendant uniform	☐ Valet ticket			
	Valet sign(s) must include: • Venue name • Operator name • All fees charged	Damage and/or accident claim form	☐ Key storage system/secure podium			
2.	Off-street parking agreeme	ent				
	A fully executed copy of the agreement must include the following: • Day(s) and time(s) of garage utilization					
	Total number of spaces in the off-street facility Total number of spaces reserved for yelet					
	 Total number of spaces reserved for valet Length of term					
	 Signature from host venue official and parking off-street facility official 					
3.		ctions from the host venue to t	•			
4.	Route map or written dire	ctions from the host venue from	m the parking facility.			
5.	Advance written notice. Address notice(s) to the following:					
	Adjoining residents Residents across the street					
	Community association(s) Host venue district Councilperson					
	Forward all correspondence via email to Valet_Parking@bcparking.com					
6.	Payment by check, money order, or credit card 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,, affirm that I am (select from (Print First and Last name)						
□ Sole Proprietor of □ Managing Partner of □ Chief Executive Officer of □ Other						
Signa	ature:	Da	ate:			