



VALET PARKING ZONE PERMIT RENEWAL
PARKING AUTHORITY OF BALTIMORE CITY
Department of Operations
On-Street Parking
443-573-2800 • Valet_Parking@BCParking.com



VALET PARKING ZONE PERMIT RENEWAL

DATE: _____

HOST APPLICANT'S LEGAL NAME: _____

HOST BUSINESS/TRADE NAME: _____

PRINCIPAL PLACE OF BUSINESS: _____ ZIP: _____

PHONE: _____

_____ (trade name), will provide valet parking services as a: (select one)

☐ Host-Operator License

☐ Contract-Operator License Name: _____ License # _____

Any change of Contract-Operator must immediately be reported to the Parking Authority of Baltimore City.

VALET PARKING PLAN

LOCATION(S) OF VALET PARKING SERVICES:

TYPE OF BUSINESS AT LOCATION (restaurant, theater, etc.)

SEATING OR OTHER OCCUPANCY CAPACITY AT LOCATION: _____ (according to BCFD)

☐ Please attach a description and photographs of the proposed valet parking zone and service, including photographs of the curb space and roadway, and descriptions (and photos, if available) of the following: proposed equipment (i.e. signs; podium; key security system; etc.); proposed supplies (i.e. valet tickets; damage claim forms; etc.); and proposed procedures (i.e. key security; after operating hours key security; etc.).

DAYS AND TIMES OF OPERATION, IF DIFFERENT FROM PRIOR PERMIT APPLICATION:

Days of the Week:	Times:	Estimated # of Vehicles Valet Parked/Hour:	Estimated # of Valet Employees:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFF-STREET PARKING FACILITY

Will Host use an off-street parking facility located on the host's premises? Yes ☐ No ☐

If "No" is checked, please provide information for lines a-d.

a. Facility Name _____ Business License # _____

b. Address _____ Zipcode _____

c. Phone # _____

d. Distance in feet off-street facility is from proposed valet parking zone: _____ (\$1,200 per space. 20 Linear Feet)

Number of Spaces in off-street facility _____

Number of Spaces reserved for the exclusive use of vehicles from the valet parking service _____

☐ Attached **copy of the lease or other agreement** between the host and the management of the off-street facility, if facility is not located on host's premises.

Description of route(s) to be driven between the valet parking zone and the off-street parking facility, if different from prior permit application. _____

I, _____, affirm that I represent the Host and I am signing as (*select from below*)

☐ Owner of _____

☐ Managing Partner of _____

☐ Chief Executive Officer of _____

Signature: _____ Date: _____

Payment:

☐ Check _____

☐ Money Order _____

☐ Credit Card _____

A non-refundable \$500.00 application fee is required to process this application. Payment may be made by check, money order, or credit card. Please complete the attached form for a credit card authorization. All credit card information must be faxed to a secure fax number at 410-244-1730. You will receive email confirmation once the charge has been processed. Additional fees will apply for the use of right-of-way at \$1,200.00 per space (20 linear feet). These fees are non-refundable and must be paid prior to issuance of permit.

