



# Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

## Application for Valet Zone – Annual

### TYPE OF REQUEST:

New  Renewal  Change to Valet Operator  Change to Valet Zone  Valet District (zone serving 2+ businesses)

### APPLICANT INFORMATION:

*The Applicant listed here MUST sign on page 3 of this application. An Authorized Agent Form is ONLY required if a Licensed Valet Operator is named as the Applicant. A Resolution of Authority is required of all applications EXCEPT when the Permit Holder is a Sole Proprietorship. Acceptable forms of Sole Proprietorship documentation include – Assumed Name Certificate, Certificate of Formation, or Articles of Incorporation.*

#### **Applicant Type:**

Property Owner/Manager  Business Owner/Manager  Licensed Valet Operator

#### **Applicant Contact Information:**

Company Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### PROPOSED ZONE INFORMATION:

#### **Proposed Valet Location:**

Block Number \_\_\_\_\_ Street Name \_\_\_\_\_ Number of Spaces Requested \_\_\_\_\_

Curb Side (circle one) -- North South East West Block End (circle one) -- North South East West Midblock

Pay Station or Meter Numbers: PS# / Meter # \_\_\_\_\_ PS# / Meter # \_\_\_\_\_ PS# / Meter # \_\_\_\_\_ PS# / Meter # \_\_\_\_\_

AND/OR

Description of Unmetered Area \_\_\_\_\_

*(If an area does NOT have marked parking spaces, then one space will be assessed for every 22 feet in curb length.) **\*\*Provide a CURRENT photo of the zone.\*\****

#### **Proposed Valet Hours:**

From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Indicate any days of the week that Valet Service will **NOT** operate: Mon Tue Wed Thu Fri Sat Sun

### LICENSED VALET OPERATOR INFORMATION:

Licensed Valet Operator Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

24 Hour Emergency Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Expiration date of Valet Operator Permit \_\_\_\_\_ Expiration date of Valet Operator Insurance \_\_\_\_\_



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### PERMIT HOLDER INFORMATION:

*The Business/Property requesting the permanent zone will be the Permit Holder of record. Changes related to the Business/Property will affect the Permit and should be relayed promptly to Right of Way Management staff.*

#### Business Contact Information:

Operating/Assumed Name(s) \_\_\_\_\_

Legal Name(s) (if different than Operating Name) \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

24 Hour Emergency Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Business Opening (if not currently operating) \_\_\_\_\_

#### Business Insurance:

Insurance Expiration Date \_\_\_\_\_

Lists City of Austin as Additional Insured  Yes  No

Provides a 30 Day Notice of Cancellation  Yes  No

Lists "City of Austin, c/o Right of Way Mgmt, PO Box 1088, Austin, TX 78767" as Certificate Holder  Yes  No

**\*\*Provide a current copy of Insurance as evidence that requirements are satisfied, if not already on file.\*\***

#### Business Structure:

Sole Proprietorship  Partnership  Corporation  Limited Liability Company

**\*\*Provide a Resolution of Authority (or Document in Lieu of a Resolution) that corresponds with the Business Structure. If structure is Sole Proprietorship or Single Membership, provide business documentation as filed with the State and County.\*\***

#### Business Use:

Residential/Condominium  Hotel  Private Concert/Convention Venue  Restaurant (51%+ in Food Sales)

Bar (50%+ in Alcohol Sales)  Multiple Businesses (AKA Valet District)  City Property (Park, Amphitheater, Convention Center, etc.) (If you checked "Multiple Businesses", please provide an additional page 2 of this application for each business.)

#### Business Hours:

From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: \_\_\_\_\_ (am/pm) To: \_\_\_\_\_ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Indicate any days of the week that Valet Service will NOT operate: Mon Tue Wed Thu Fri Sat Sun

**Total Number of Vehicles Served, Prior Business Year (required for all Renewals):** \_\_\_\_\_



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**VEHICLE STORAGE:**

Will vehicles be parked on the Permit Holder’s premises?  Yes  No

*(If you checked “Yes”, no additional information required. If you checked “No”, provide details below.)*

**Parking Facility Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Type of Parking Facility:**

Parking Garage  Surface Lot

**Terms of Parking Facility Contract:**

Number of Spaces Available \_\_\_\_\_ Date of Contract \_\_\_\_\_ Term/Expiration Date of Contract \_\_\_\_\_

**Contact Information for Facility Owner Manager:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**\*\*Provide current evidence of Contract with Parking Facility, if not already on file.\*\***

Map of vehicle routes to and from Valet Service area to Parking Facility Provided?  Yes  No

**\*\*Provide map of vehicle routes, if not already on file.\*\***

I declare that the information provided in this application is true and that I have read the Code of the City of Austin Section 13-5 as amended by Ordinance Number 031211-11, and I understand all conditions of this application as set forth herein and the City Code. Additionally, I understand that any holder of a City of Austin License Agreement or any other valid permit for other use of the right-of-way cannot be denied use of such right-of-way during the requested use on this application. I understand that no guarantee of approval is implied by the acceptance of this application, and that in order for this application to be completed the applicant must provide all additional information requested and that failure to provide the additional information will result in denial of the application. I also understand that the City is not responsible for any cost or inconvenience incurred by me if the application is denied.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
(MUST SIGN IN PRESENCE OF NOTARY)

COUNTY OF \_\_\_\_\_  
STATE OF TEXAS

SWORN TO AND SUBSCRIBED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE



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### ***PHOTO OF PROPOSED ZONE***

Please attach. **NOTE: Screen shots of online images/maps will NOT suffice. A photo allows for an accurate historical record of the zone.**

### ***MAP OF ROUTES TO PARK AND RETURN VEHICLES***

Please attach.

### ***BUSINESS INSURANCE***

Please attach.

### ***CONTRACT WITH PARKING FACILITY***

Please provide the following details related to the contract with the offsite Parking Facility. **NOTE: These details must be confirmed by a Parking Facility representative. An e-mail of confirmation from the representative will suffice.**

#### **Location of Parking Facility**

#### **Terms of Contract**

Hours of Valet –

Days of Valet –

Number of Spaces Available to Valet –

Contact Info for Facility Owner/Manager –

Date of Contract (within past year) –

Term of Contract –

#### **EXAMPLE:**

#### **Location of Parking Facility**

505 Barton Springs Rd.

#### **Terms of Contract**

Hours of Valet – 5pm-1am

Days of Valet – Thur-Sun

Number of Spaces Available to Valet – 50

Contact Info for Facility Owner/Manager – Paloma Amayo-Ryan, 512-974-2841, [paloma.amayo-ryan@austintexas.gov](mailto:paloma.amayo-ryan@austintexas.gov)

Date of Contract (within past year) – 4/1/19

Term of Contract – 5 years; 4/1/24