



City of Austin

Austin Transportation Department, Right of Way Management Division
3701 Lake Austin Boulevard, Austin, Texas 78703

Application for a Temporary Valet Parking Permit

Valet Permit Submittal Information

APPLICATION HAS BEEN PREPARED, AND SUBMITTED TO STAFF BY:

Property Owner Business Owner Valet Service License Holder

APPLICANT INFORMATION:

Submittal Prepared by (Company/Corporation Name): _____

Applicant Name: _____

Business Phone Number: _____ Fax # _____ Cell # _____ Pager # _____

24 Hour Emergency Number _____

Company Mailing Address (Address must be able to receive Certified USPS Mail):

Address: _____ City: _____ State: _____ Zip: _____

Valid Email Address: _____

Insurance Agency _____ Expiration Date _____

A copy of applicant's liability insurance must be turned in at the time of application, listing the City of Austin as additional insured with a 30 day notice of cancellation.

PROPOSED TEMPORARY VALET SERVICE AREA LOCATION INFORMATION:

Applicant must provide an area map and sketch of proposed Valet Service Area showing the placement of key box(s) and attendant booths and vehicle routes to storage location.

Business to Be Served _____

Business Location _____

Proposed Valet Service Location - Block Number & Street Name: _____

Zone Location within Block named: **North, South, East, or West Curb**

Total Length of Proposed Service Area: _____

Total Number of Spaces Requested: _____

For spaces that are not designated by street markings, one parking spaces will be assessed every 22 Feet in curb length.

Pay Station or Meter Numbers: PS# / Meter # _____; PS# / Meter # _____; PS# / Meter # _____;

If any other type of City regulated space is requested, please explain. (Commercial Zone, Customer Service Zone, etc.)

Hours of Proposed Valet Service: **From:** _____ (am / pm) **To:** _____ (am / pm) S M T W T F S

Date(s) of Proposed Valet Service: **From:** _____ **To:** _____



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Valet Service Provider Information

Valet Service License Holder:

A Temporary Valet Service Permit Holder must utilize an approved Valet Service License Holder for the operation and storage of vehicles. If the Permit Holder will be utilizing its own employees for Valet operation, the Permit Holder must be approved as a Valet Service License Holder. All documents required under this section must be submitted with this application.

Business Name of Valet License Holder _____

Valet Service License Holder ID Number _____

Primary Contact Name: _____

Business Phone Number: _____ Fax # _____ Cell # _____ Pager # _____

24 Hour Emergency Number: _____

Valid Email Address: _____

Company Mailing Address (Address must be able to receive Certified USPS Mail)

Address: _____ City: _____ State: _____ Zip: _____

Copy of Approved and Active Valet Service License provided? Yes No

Current Insurance Document with City of Austin listed as additional Insured provided? Yes No

Vehicle Storage:

Will vehicles be parked at a location other than the Permit Holder's premises? Yes No

Type of Parking Facility: Parking Garage w/ Public Access Parking Garage w/o Public Access Surface Lot

Street Address of Private Facility for Vehicles Storage: _____

Number of Spaces granted by Parking Facility Contract: _____

Current contract for off-site parking by Valet Service License Holder provided? Yes No

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

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.

STATE OF TEXAS
COUNTY OF _____

SIGNATURE OF APPLICANT or AGENT
(MUST SIGN IN PRESENCE OF NOTARY)

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ DAY OF _____, _____

NOTARY PUBLIC SIGNATURE