

# Valet Parking License Application



\_\_\_\_\_  
Valet Parking Ordinance (date & initial)

\_\_\_\_\_  
General Provisions (date & initial)

City of Orlando Parking Division  
53 West Central Blvd.  
Orlando, FL 32801  
Telephone- 407-246-2155  
Fax-407-246-2887  
[www.cityoforlando.net/parking](http://www.cityoforlando.net/parking)

**THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS ON ANY PUBLIC RIGHT OF WAY IN ORLANDO, FLORIDA. APPLICATION AND ANNUAL FEES ARE NOT REFUNDABLE.**

<b>License #</b> _____	Non Refundable Application Fee	\$ 50.00
	Annual Fee (\$500 per space or \$2,000 per zone)	\$ 2000.00
	Annual Fee (\$50.00 per podium, stand or other structure)	\$50.00
	Signage Fee (if necessary: to be determined by the City)	\$ _____

**Total Amount Due \$ \_\_\_\_\_**

## INFORMATION ON THE VALET PARKING BUSINESS

\_\_\_\_\_  
BUSINESS NAME (Individual, Company or DBA) Area Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
STREET NO. STREET NAME STE/APT. Number \_\_\_\_\_

\_\_\_\_\_  
City State ZIP --

### Local Address (if Different)

\_\_\_\_\_  
STREET NO. STREET NAME STE/APT. Number \_\_\_\_\_

\_\_\_\_\_  
City State ZIP --

\_\_\_\_\_  
Name of Manager/Owner/Applicant Name of Local Manager

## BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE

\_\_\_\_\_  
STREET NO. STREET NAME STE/APT. Number \_\_\_\_\_

\_\_\_\_\_  
City State ZIP -- Area Code \_\_\_\_\_ Emergency Number \_\_\_\_\_

## INFORMATION ON THE BUSINESSES BEING SERVED BY VALET PARKING

1) \_\_\_\_\_  
NAME OF BUSINESS BEING SERVED Area Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

License # \_\_\_\_\_

STREET NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_ City, State \_\_\_\_\_ NAME OF OWNER/MANAGER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ OWNER SIGNATURE \_\_\_\_\_

2) NAME OF BUSINESS BEING SERVED \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

STREET NO. \_\_\_\_\_ STREET NO. \_\_\_\_\_ City, State \_\_\_\_\_ NAME OF OWNER/MANAGER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ OWNER SIGNATURE \_\_\_\_\_

IF THERE ARE MORE THAN TWO BUSINESSES BEING SERVED BY THE VALET PARKING BUSINESS IN THE SAME VALET PARKING ZONE, PLEASE LIST THEM WITH ALL OF THE ABOVE INFORMATION ON A SEPARATE SHEET OF PAPER.

**VALET PARKING OPERATION INFORMATION**

DAYS AND TIMES OF OPERATION \_\_\_\_\_

NO. OF ATTENDANTS TO BE ASSIGNED \_\_\_\_\_ SEATING CAPACITY OF ALL BUSINESSES \_\_\_\_\_

ESTIMATED # OF CARS TO BE PARKED PER HOUR \_\_\_\_\_

SQ. FOOTAGE OF INDOOR AND OUTDOOR FLOOR AREA USED BY THE PUBLIC OF ALL BUSINESSES BEING SERVED. \_\_\_\_\_

PROPOSED LOCATIONS TO BE USED TO PARK CARS AND # OF SPACES USED AT EACH LOCATION \_\_\_\_\_

\_\_\_\_\_ A current, complete and satisfactory Certificate of Insurance. It must name the City of Orlando as additional insured, provide commercial general liability not less than \$1,000,000 and provide garage keepers liability not less than \$250,000.

\_\_\_\_\_ A copy of the agreement showing that the valet service shall indemnify the City and its agents against suit that may arise from the operations.

\_\_\_\_\_ A scaled drawing, including dimensions, showing the location of the valet zone, valet station, proposed cones, removable signs, the no. of parking spaces being used for the valet zone, and any other related materials.

\_\_\_\_\_ A valet parking map(s) identifying the areas where patron's vehicles and attendant's vehicles will be stored and the number of spaces that will be used.

The map should also indicate the driving route the attendants would use to park the vehicles and the placement of the directional sign, if the licensee is providing one.

\_\_\_\_\_ If the licensee provides a removable directional sign, a drawing of the removable directional sign, including its dimensions and approval of the owner where the sign will be located. (if applicable)

\_\_\_\_\_ A drawing of the sign, including its dimensions, that will be located on the lectern or podium to indicate the service name, hours of operation and the cost of the service.

\_\_\_\_\_ Written authorization from the owner of the proposed parking lot or facility that will be used to store vehicles.

\_\_\_\_\_ Copies of the notices that were sent to the owner of each business. Include the addresses of the businesses to which notices were sent.

\_\_\_\_\_ An indication that no vehicles, including employee vehicles, will be stored in on-street parking spaces at any time. Vehicles also may not be stored or parked in the valet zone. \_\_\_\_\_ Initials of applicant

\_\_\_\_\_ That the specified number of attendants stated in the application will be on-site at all times and that the valet operator agrees to increase his or her staffing if requested to do so by City officials. \_\_\_\_\_ Initials of applicant

\_\_\_\_\_ An indication that the valet operator will maintain current copies of all required records, and present them upon request to any authorized representative of the City of Orlando. \_\_\_\_\_ Initials of applicant

**PLEASE ATTACH ALL OF THE ABOVE INFORMATION TO THE BACK OF THIS APPLICATION**

**SWORN STATEMENT**

I HEREBY CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF ORLANDO, COUNTY OF ORANGE, AND STATE OF FLORIDA.

DATE \_\_\_\_\_  
mag.valet.7.2010

APPLICANT SIGNATURE \_\_\_\_\_

**VALET PARKING SERVICES APPLICATION**

**LISTING OF ADJACENT PROPERTIES**

The applicant shall provide a list of names and addresses of all property owners or businesses located within 100 feet on the same street, where the valet service is requested.

Name

Address

1.

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2.

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3.

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4.

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5.

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6.

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7.

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8.

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9.

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10.

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Signature of Valet Operator

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Date