



City of Austin

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

REQUIREMENTS FOR VALET ZONE - PERMANENT

Requests for the use of City of Austin Right Of Way, including requests to designate right of way for the receiving and returning of vehicles on an annual basis, must be authorized by the Austin Transportation Department. Enclosed in this packet is a link to the City Code pertaining to these permits and additional helpful information. If *after* reading through this packet you have any questions or need additional information, please contact us at 512-974-1150 or visit our office:

City of Austin, Transportation Department
Right Of Way Management Division

3701 Lake Austin Blvd., Austin, TX 78703

Walk-in Hours – Monday through Friday, 8 a.m. to 1 p.m.

If you wish to provide valet services at a specific location in the right of way on an ANNUAL basis, this is the permit you will need. If you wish to provide valet services at a specific location in the right of way on a TEMPORARY basis, please request a Valet Zone – Temporary application. If you wish to provide valet services on private property contact the Development Assistance Center (DAC).

****SEE PAGE 2 OF THIS PACKET FOR A LIST OF VALET CONTACTS.****

HOW TO OBTAIN A VALET ZONE - PERMANENT

1. Secure a **Licensed Valet Operator** who will operate the valet zone.
2. Propose a **zone location**.
3. Submit required **documentation** to Right of Way Management staff and pay the application **fee**.
4. *If* the location and documentation are approved, *then* pay the space usage and signage installation fees; Valet Zone permits can then be activated by Right of Way Management.

SPECIAL NOTES FOR VALET ZONE - PERMANENT:

- SIGNAGE INSTALLATION FOR AN APPROVED ZONE TYPICALLY TAKES 3 WEEKS.
- APPLICANTS MUST MAINTAIN A RECORD OF SERVICE DATA FOR THE ZONE TO INCLUDE THE NUMBER OF VEHICLES PARKED. THIS DATA MUST BE SUPPLIED UPON ZONE RENEWAL.

STEP 1 – LICENSED VALET OPERATOR

To find a list of existing Licensed Valet Operators:

1. Contact Right of Way Management to request the most current schedule of active License holders

To become OR continue to be a Licensed Valet Operator:

1. Request a copy of the “Requirements for Valet Operating Licenses”

STEP 2 – ZONE LOCATION

Proposed valet zones are reviewed and approved by Parking Enterprise staff and the Area Traffic Engineer. Zones must satisfy the following criteria:

- Utilize a minimum of 66 feet in curb length unless an exception has been granted by the Engineer
- Maintain a minimum 6 feet wide pedestrian pathway in the right of way
- Located on streets that are a minimum of 28 feet wide, curb to curb
- Occupy public parking spaces
- CANNOT block or conflict with:
 - o Crosswalks
 - o Intersections
 - o Bus stops
 - o Emergency vehicle access
 - o Vehicle detection devices near signalized intersections

- CANNOT be located within 5 feet of a driveway
- CANNOT exceed the length of the Permit Holder’s property frontage unless the Permit Holder obtains written permission from the business fronting the additional space OR files for the permit jointly

STEP 3 – DOCUMENTATION

Permanent right of way valet zones must submit the following documents:

- FULLY Completed and Notarized Application **(SEE PAGES 3-5 OF PACKET)**
- Authorized Agent Form **(SEE PAGE 6 OF PACKET)**
- Resolution of Authority **(SEE PAGES 7-9 OF PACKET)**
- Photo of Proposed Zone (screen shots of online images/maps will NOT suffice)
- Map of Routes to Park and Return Vehicles
 - o Map must clearly indicate the location of the valet zone and the parking facility
- Business Insurance
 - o General Liability Insurance set at \$500,000 per occurrence minimum
 - o Evidence of a 30 Day Notice of Cancellation
 - o City of Austin as Additional Insured
 - o “City of Austin, Attn: Right of Way Mgmt, P.O. Box 1088, Austin, TX 78767” as Certificate Holder
- Contract with Parking Facility **(SEE PAGE 10 OF PACKET)**

****FOR A DETAILED BREAKDOWN OF INSURANCE REQUIREMENTS PLEASE REQUEST A COPY OF THE “REQUIREMENTS FOR INSURANCE, BOND, AND LICENSE” PACKET.****

VALET ZONE - PERMANENT FEE SCHEDULE

Application Fee	\$150.00/annually
Space Fee	\$0.60/space/hour/annually
Signage Installation Fee - Small	\$250.00 each
Signage Installation Fee - Large	\$300.00 each
Permit is valid for one year from date of issuance	

CITY CODE

For information about City Ordinances, Standard Details, Transportation Criteria Manual, etc. go to <https://www.municode.com/library/tx/austin>. For valet requirements, reference “Chapter 13-5. - Valet Parking Services”.

VALET CONTACTS

Austin Center for Events	Permitting	http://austintexas.gov/citystage
Development Assistance Center (DAC)	Viktor Auzenne	512-974-2941; Viktor.Auzenne@austintexas.gov
	Glenn Rhoades	512-974-2775; Glenn.Rhoades@austintexas.gov
Parks and Recreation Department	Park Events	reservations@austintexas.gov ; http://austintexas.gov/parkevents
Small Business Development Program	Xavier Zarate	512-974-9147; Xavier.Zarate@austintexas.gov
	TJ Owens	512-974-9147; TJ.Owens@austintexas.gov
	General Information	512-974-7800

****PLEASE ADVISE US IF YOU IDENTIFY OUT OF DATE CONTACT INFORMATION ON THIS LIST. ****



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3701 Lake Austin Boulevard, 78703, Austin, Texas 78703

Application for Valet Zone - Permanent

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. See pages 7-9 of this packet for additional details.****

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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Application for Valet Zone – Permanent

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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AUTHORIZED AGENT FORM

I, _____ of _____
(Print Name of Business/Property Member) **(Print Business Name)**

Do hereby authorize the following to act as my agent(s) in submitting permit applications on behalf of my company, within the corporate limits of the City of Austin.

I understand that I am the permitted qualifier responsible for the application as submitted by my agent(s), submits an application for a permit, or signs any required documentation; that the individual must exhibit this authorization form to the permitting staff upon request. I further acknowledge that this original authorization form is to remain in my permit or qualification file for legal reference purposes. It is agreed that the Authorized Agent named below may act as the primary contact for request of information by City staff to complete this application. I understand that it is my responsibility to update my file with the City of Austin, upon change of authorized agent status.

Persons named below are authorized and approved to submit permit application data, to obtain any right of way permits in regards to a Valet Permit:

AGENT 1

First & Last Name: _____
Company Name: _____ Phone #: _____
Email Address: _____

AGENT 2

First & Last Name: _____
Company Name: _____ Phone #: _____
Email Address: _____

AGENT 3

First & Last Name: _____
Company Name: _____ Phone #: _____
Email Address: _____

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.

I, the undersigned, being the Permit Holder as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

STATE OF TEXAS
COUNTY OF _____

SIGNATURE OF SOLE PROPRIETOR, MEMBER or PRINCIPLE 1
(MUST SIGN IN PRESENCE OF NOTARY)

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

NOTARY PUBLIC SIGNATURE



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RESOLUTION OF AUTHORITY

Corporation

Resolution of Corporate Authority

I, _____

{print name of officer **not** signing the Permit Application or Authorized Agent Form},

the undersigned _____ of _____

{title}

{name of corporation}

the "Corporation", hereby certify that:

Corporation is duly organized and existing under the laws of the State of _____. The following is a true and accurate transcript of a Resolution adopted at the _____ {date} Board meeting. The Corporation's Board of Directors adopted the Resolution, which is contained in Corporation's minute book, at a duly authorized board meeting. A quorum of Corporation's Board of Directors was present at the entire board meeting and all actions taken at the meeting complied with Corporation's charter and by-laws. The Resolution has not been amended or revoked on the date signed below, and remains in full force and effect.

Resolved, that _____

{print name of officer **signing** the Permit Application or Authorized Agent Form}

_____ of _____,

{title}

{name of corporation}

is empowered to sign any and all documents on behalf of said Corporation.

Date _____, 20____.

{Company Seal}

IF AVAILABLE

{Signature of officer named at top of form}

{Title}



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RESOLUTION OF AUTHORITY

Limited Liability Company

Resolution of Corporate Authority for a Limited Liability Company

I, _____ {print name of member **not** signing the Permit Application or Authorized Agent Form}, the undersigned **Member** of _____ {name of limited liability company} the "Company", hereby certify that:

Company is a limited liability company duly organized and existing under the laws of the State of _____. The following is a true and accurate transcript of a Resolution adopted at the _____ {date} Member meeting. The Company's Members adopted the Resolution, which is contained in Company's minute book, at a duly authorized meeting. A quorum of Company's Members was present at the entire meeting and all actions taken at the meeting complied with Company's charter and by-laws. The Resolution has not been amended or revoked on the date signed below, and remains in full force and effect.

Resolved, that _____ {print name of officer **signing** the Permit Application or Authorized Agent Form}

_____ {title} of _____ {name of Company}, is empowered to sign any and all documents, to take such steps, and to do such other acts and things, on behalf of said Company, as in his/her [strike one] judgment may be necessary, appropriate or desirable in connection with any Valet Permit entered into with the City of Austin

Signed and sealed on _____, 20_____.

{Seal}

{Signature of Member named at top of form}

{Title}



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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
Date of Contract (within past year) – 4/1/16
Term of Contract – 5 years; 4/1/21