



Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

Application for Valet Operator

PERMIT HOLDER INFORMATION:

The Valet Operator listed here will be the License Holder of record. Changes related to the Valet Operator will affect the License and should be relayed promptly to Right of Way Management staff.

Operator 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 _____

Operator 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.****

Operator Structure:

☐ Sole Proprietorship/Single Membership ☐ Partnership ☐ Corporation ☐ Limited Liability Company

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

SERVICE LOCATIONS:

LOCATION #1:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #2:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #3:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #4:

Start Date of Service _____ Business Name _____

Business Physical Address _____



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LOCATION #5:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #6:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #7:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #8:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #9:

Start Date of Service _____ Business Name _____

Business Physical Address _____

LOCATION #10:

Start Date of Service _____ Business Name _____

Business Physical Address _____

DECLARATIONS AND SIGNATURE:

Please indicate you agree with each statement below by providing your initials in the adjacent box.

☐

I certify that each employee of the License Holder has a driver's license valid in the State of Texas, and has received a manual and training instructing the employee in the local and state laws governing valet parking.

☐

I certify that employees of the License Holder who engage in valet parking vehicles will wear retro-reflective material outerwear while working during the nighttime, as approved by the director.

☐

I certify that loading or offloading of customers from vehicles will occur only in the designated area at each service location.

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. 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 OPERATOR
(MUST SIGN IN PRESENCE OF NOTARY)

COUNTY OF _____

STATE OF TEXAS

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

NOTARY PUBLIC SIGNATURE