



Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

REQUIREMENTS FOR VALET OPERATING LICENSES

If you wish to serve as a valet operator in the right of way, this is the permit you will need.

STEPS TO OBTAIN A VALET OPERATING LICENSE

1. Read and closely review the City of Austin **valet ordinance and valet rules**.
2. Submit required **documentation** to Right of Way Management and pay the application fee.
3. An Officer/Member of the Valet Operator business must participate in an **in-person meeting with Enforcement and Permitting staff** to discuss valet operational requirements.
4. Pay the annual **fees**. Valet Operator License can then be activated by Right of Way Management.

STEP 1 –VALET ORDINANCE AND VALET RULES

Please familiarize yourself with both the City of Austin [ordinance](#) AND [rules](#) that govern valet operations.

STEP 2 – DOCUMENTATION

Right of way Valet Operators must submit the following **documents**:

1. The completed Application for Valet Operator
2. A copy of training materials/instruction provided to the employees of the Operator
 - Materials must incorporate the City of Austin valet ordinance and valet rules **SEE “STEP 1- VALET ORDINANCE AND VALET RULES”**
3. Photos, front and back, of the Operator’s retroreflective outerwear
4. Photos of any booths, stands, or signage that will be placed in the right of way
 - If operating at a permanent valet zone, also include a rendering of where the aforementioned items would be placed
5. An outline of the procedure used for vehicle key custody
6. An outline of the procedure used for valet tags and identification
7. A copy of the valet tag, front and back
8. A Resolution of Authority (See https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Resolution_of_Authority.pdf for form)
9. An Authorized Agent Form (See https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Authorized_Agent_Form.pdf for form)
10. Certificate of Insurance
 - General Liability Insurance set at \$500,000 per occurrence minimum
 - Evidence of a 30 Day Notice of Cancellation
 - City of Austin as Additional Insured
 - “City of Austin, Attn: Right of Way Mgmt, P.O. Box 1088, Austin, TX 78767” as Certificate Holder
 - Refer to https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Insurance_Requirements.pdf for full list of insurance requirements.



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STEP 3 – MEETING

Once the required documentation is reviewed and accepted, Right of Way Management will coordinate the scheduling of an **in-person meeting between the Operator, Parking Enterprise, and Right of Way Management**. Parking Enterprise is responsible for enforcement and regulation of all valet related activities. Right of Way Management is responsible for permitting of all valet related activities. Valet Operators must meet with representatives of these two divisions to discuss their operations. Points that will be reviewed include:

1. Duties of a Licensed Valet Operator
2. Valet permitting procedures
3. Enforcement and violation procedures
4. Vehicle handling restrictions

NOTE: THE TIME NEEDED TO COORDINATE THE MEETING BETWEEN THE OPERATOR, ENFORCEMENT, AND PERMITTING STAFF CAN VARY.

STEP 4 – FEES

FEES

https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Fiscal_Year_2018_Approved_Fees.pdf

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”.



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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



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REQUIREMENTS FOR VALET ZONE - ANNUAL

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).

HOW TO OBTAIN A VALET ZONE - ANNUAL

1. Secure a **Licensed Valet Operator** who will operate the valet zone.
2. Propose a **zone location**.
3. Submit an Annual Valet application through the ABC Portal at <https://abc.austintexas.gov>.
4. Provide any applicable **documentation** and pay the permit **fee**. *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 - ANNUAL:

- 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



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STEP 3 – ANNUAL VALET APPLICATION, USING ABC

Refer to

https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/How_to_Apply_for_Permits_on_the_ABC_Website.pdf for a guide on how to submit an online application.

STEP 4 – DOCUMENTATION AND FEES

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

- FULLY Completed and Notarized Application
- Authorized Agent Form (See https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Authorized_Agent_Form.pdf for form)
- Resolution of Authority (See https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Resolution_of_Authority.pdf for form)
- Photo of Proposed Zone (screen shots of online images/maps will NOT suffice)
- Map of Routes to Park and Return Vehicles ○ Map must clearly indicate the location of the valet zone and the parking facility
- Business Insurance
 - General Liability Insurance set at \$500,000 per occurrence minimum
 - Evidence of a 30 Day Notice of Cancellation
 - City of Austin as Additional Insured
 - “City of Austin, Attn: Right of Way Mgmt, P.O. Box 1088, Austin, TX 78767” as Certificate Holder
 - Refer to https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Insurance_Requirements.pdf for full list of insurance requirements.
- Contract with Parking Facility

FEES
https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Fiscal_Year_2018_Approved_Fees.pdf

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

https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/ROW_Permitting_Contacts.pdf



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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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Application for Valet Zone – Annual

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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Application for Valet Zone – Annual

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

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

Term of Contract – 5 years; 4/1/24



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REQUIREMENTS FOR VALET ZONE - TEMPORARY

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HOW TO OBTAIN A VALET ZONE - TEMPORARY

1. Secure a **Licensed Valet Operator** who will operate the valet zone.
2. Propose a **zone location**.
3. Submit a Temporary Valet application through the ABC Portal at <https://abc.austintexas.gov>.
4. Provide any applicable **documentation** and pay the permit **fee**; Valet Zone permits can then be activated by Right of Way Management.

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



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STEP 3 – TEMPORARY VALET APPLICATION, USING ABC

Refer to

https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/How_to_Apply_for_Permits_on_the_ABC_Website.pdf for a guide on how to submit an online application.

STEP 4 – DOCUMENTATION AND FEES

Temporary right of way valet zones must submit the following **documents**:

- FULLY Completed and Notarized Application
- Map of Routes to Park and Return Vehicles
 - o Map must clearly indicate the location of the valet zone and the parking facility
- Contract with Parking Facility (if not already on file)

FEES

https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/Fiscal_Year_2018_Approved_Fees.pdf

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

https://www.austintexas.gov/sites/default/files/files/Transportation/Right_of_Way/ROW_Permitting_Contacts.pdf



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Application for Valet Zone - Temporary

APPLICANT INFORMATION:

The Applicant listed here MUST sign on page 2 of this application. Applicant must provide Certificate of Insurance if not already on file.

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.)

Proposed Valet Time and Date:

Date(s): _____

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



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Application for Valet Zone - Temporary

LICENSED VALET OPERATOR INFORMATION:

The Valet Operator requesting the License will be the Permit Holder of record.

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 _____

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. 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
(MUST SIGN IN PRESENCE OF NOTARY)

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

NOTARY PUBLIC SIGNATURE