

Valet Parking Service - Initial Permit Application

For Initial Term of _____(MM/DD/YYYY) through 12/31/_____

Host Business to be served: _____

Host Business Address: _____

Host Business Phone: _____

Host Business – Individual to contact: _____

Host Business website and e-mail: _____

If different than above:

Valet Service Company Name: _____

Valet Company Address: _____

Valet Company Phone: _____

Valet Company – Individual to Contact: _____

Valet Company website and e-mail: _____

- 1) Please provide a detailed description of the Valet Parking Service drop-off and delivery locations. Include street names, amount of curb in feet, number of on-street parking spaces to be utilized, days/hours of operation, where any temporary, portable sign or stand may be located to identify the valet service, and any other information that will provide clarity for the request. Attach a scaled site map on a separate page.
- 2) Please provide a detailed description of all the parking spaces intended to be used for storage of vehicles while under the valet service's care. These may include both public and private land, on-street and off-street spaces. Attach an area map locating the drop-off and delivery locations and every storage parking space intended to be utilized.
- 3) Please provide a detailed description of the route each valet employee will use from the drop-off location to each separate vehicle storage site, and the return route from each storage location to the delivery zone. Attach an area map showing these routes. These routes can be shown on the same map as the storage spaces or a separate map.
- 4) Attach Certificate of Insurance.

Host Business Owner/Operator Signature _____

Print Host Business Owner/Operator Name _____

Date _____

Valet Parking Service - Annual Permit Renewal

Date _____ For Calendar Year _____

Place a check mark beside any information below which has changed since last year:

- Host Business to be served: _____
- Host Business Address: _____
- Host Business Phone: _____
- Host Business – Individual to contact: _____
- Host Business website and e-mail: _____

If different than above:

Valet Service Company Name: _____

Valet Company Address: _____

Valet Company Phone: _____

Valet Company – Individual to Contact: _____

Valet Company website and e-mail: _____

Are you requesting any changes in operation of the valet parking service?

____ NO If NO, stop here, sign, attach current Certificate of Insurance, and submit this application to Matthews Town Hall, 232 Matthews Station Street, Matthews NC 28105 by October 15.

____ YES If YES, identify below what is being changed from current year's operations. Submit proposed changes, a current Certificate of Insurance, and this signed application to Matthews Town Hall, 232 Matthews Station Street, Matthews NC 28105 by October 15.

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Host Business Owner/Operator Signature _____

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