



VALET LOCATION PERMIT APPLICATION

DEVELOPMENT SERVICES DEPARTMENT

Planning and Development Division
3015 Market, Galveston, TX 77550

409/797-3660

planning@galvestontx.gov
www.galvestontx.gov

FIRST TIME APPLICANT [] OR [] RENEWAL _____ (Permit Number)

I. PROPERTY INFORMATION

Street Address/Valet Location

Business Name

II. APPLICANT INFORMATION

Applicant/Representative Name

Telephone

Mailing Address

E-mail Address

III. APPLICANT CHECKLIST – All of the following items must be included:

- [] Copy of the Valet Operator License
- [] **General liability Insurance** – Copy of Insurance Policy. Requirements are: \$1,000,000,000 Liability Policy; must be valid for duration of operation; and City of Galveston indicated as an additional insured.
- [] **Site Plan** – Indicating the locations of the on-street parking spaces proposed to be used. Site Plan must include:
 - Scale, North Arrow, Legal Descriptions, Street Address
 - Location and dimension of the on-street parking spaces
- [] **Fees – Payable to the City of Galveston**
 - Application Fee: \$250.00
 - Parking Spaces Fee: \$250.00 per space
 - Paid Parking Fee, if applicable: \$2.25 per hour, Monday through Sunday, 9:00am to 6:00pm. Applicable during requested hours of operation.
 - Signs and Traffic Control Devices: Determined by Staff. Must be paid prior to the issuance of the license.

IV. ACKNOWLEDGEMENTS

I certify that I have full authority to make this application, and that all information is correct and complete to the best of my knowledge and ability.

Please read and initial below:

_____ I certify that I have secured the property owner's permission to use the off-site parking location and have full authority to file this application.

_____ I certify that I have reviewed and understand the applicable regulations relating to the valet permit license, per ordinance 19-055.

By signing I am certifying that all the information is true and correct.

Printed Name and Signature of Applicant

Date

DEPARTMENTAL USE ONLY

Zoning Date Comments

Insurance/Risk Manager Date Comments

Permit Agent Date Permit Number

Fees Collected:

- Application Fee: \$250.00
- Parking Spaces Fee: \$250.00 per space. Amount Collected: _____
- Paid Parking Fee: \$2.25 per hour, Monday through Sunday, 9:00am to 6:00pm. Applicable during requested hours of operation. Amount Collected: _____