



VALET OPERATION 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 – Please provide the following information for each service location proposed under this application. Attach additional pages if necessary.

Address	Business Name	Number of Parking Spaces Utilized	Hours of operation	Location of off-street parking

II. APPLICANT INFORMATION

Applicant/Representative Name

Telephone

Mailing Address

E-mail Address

Telephone (Please provide a number or numbers that can be answered 24 hours a day in case of emergency.)

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

- [] **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 Plans** – Indicating the locations of the on-street parking spaces and off street location proposed to be used for each service location. Indicate the location of any signs or attendant stands to be used by the application at the service location. Site Plan must include:
 - Scale, North Arrow, Legal Descriptions, Street Address
 - Location and dimension of the on-street parking spaces
 - Location of any signs or attendant stands with dimensions and distance from property lines and adjacent buildings
- [] **Off-Street Parking** – Signed copies of current leases or agreements from the property owners of the off-site lot being used for each service location including the number of parking spaces allowed to be used.
- [] **Fees** – Payable to the City of Galveston
 - Application Fee: \$500.00

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 each employee possess a driver’s license valid in the State of Texas.
- _____ I certify that each employee has received a manual and training instructing the employee in local and state laws governing valet parking.
- _____ I certify that each employee who engages in the valet parking of vehicles shall wear retro-reflective material outerwear while working at night.
- _____ I certify that all loading and off-loading of customers from vehicles will occur only in the designated area for each service location, as shown on the attached site plan.
- _____ 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 19-022.

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
Traffic Division	Date	Comments
Permit Agent	Date	Permit Number

Fees Collected:
[] Application Fee: \$500.00