



VALET PARKING OPERATOR INFORMATION SHEET

There are two steps each operator must complete to become a legally licensed operator.

A Valet Parking License must be filed with the Department of Licenses and Inspections. Each valet operator must bring the following to the License Issuance Department in the Concourse of the Municipal Services Building at 1401 JFK Boulevard:

1. A copy of Certificate of Insurance
2. A copy of Tax Clearance Memo from the City Law Department (Telephone Number (215) 683-5359)
3. Proof of Business Privilege License or payment of \$250 fee in order to apply for one.
4. A check or money order for \$75.00 for issuance of a Valet Operator License

You will also need to complete the Philadelphia Parking Authority's Valet Parking Permit application. The application requires that you submit a detailed plan of operation concerning the business and location for which you are applying. This application must include a list of valet employees and all agreements detailing the off-street facilities in which valeted vehicles will be stored, along with proposed routes to and from these facilities. Additionally, you must list references of all businesses for which you have provided valet services over the past two years. Please do not submit this application before you have received your valet parking operators license from the Department of Licenses and Inspections. A copy of your license must be included with your application to the Philadelphia Parking Authority.

Any questions regarding the Valet Parking License issued by the Department of Licenses and Inspections should be directed to the Assistant Chief of License Issuance at (215) 686-2486.

For questions, regarding the Valet Parking Permit issued by the Philadelphia Parking Authority, please call (215) 683-9741.



LICENSE APPLICATION VALET PARKING OPERATOR

WHEN COMPLETED MAIL TO: DEPARTMENT OF LICENSES AND INSPECTIONS
 LICENSE ISSUANCE UNIT
 1401 JOHN F. KENNEDY BOULEVARD
 PHILADELPHIA, PA 19102-1687

Use a single check or money order for all fees payable to "City of Philadelphia"
 Do not send payment at this time for licenses that require inspection. Payment should be forwarded after notice of approval is received.

1. NAME OF OWNER		2. BUSINESS NAME		3. PERSON RESPONSIBLE IF NON-RESIDENT	
4. BUSINESS ADDRESS			CITY	STATE	ZIP CODE
5. DAY TIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	FAX NUMBER		E-MAIL	
6. BILLING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)			CITY	STATE	ZIP CODE
			7. DATE ACTIVITY STARTED MONTH DAY YEAR / / /		
8. PHILADELPHIA BUSINESS TAX NUMBER		9. PHILADELPHIA BUSINESS PRIVILEGE NUMBER		10. FEDERAL TAX ID/SOCIAL SECURITY NUMBER	

11.

License Good Only For Valet Parking Zones Approved By The Philadelphia Parking Authority

A. Application shall be accompanied by the following:

1) Proof of insurance in an amount determined by the Office of Risk Management in the following areas:

a) Worker's Compensation and Employer's Liability

(1) Worker's Compensation: Statutory Limits (if applicable)

(2) Employer's Liability: \$100,000 each accident
 \$100,000 each employee
 \$100,00 policy limit

b) Garage Liability Insurance

Limit of Liability: \$250,000 per occurrence, combined single limit for bodily injury (including death) and property damage liability arising out of business operations.

c) Garage Keepers Legal Liability

Legal liability form.

Limit of Liability: \$100,000 for loss, damage, fire theft and vandalism to any vehicle while in the care, custody or control of valet parking company.

2) Payment of non-refundable application fee of \$75.

3) Tax clearance memo (Law Department – 1515 Arch St., 15th Floor).

B. The Department shall issue the license upon determining that the applicant has certified the above provisions.

C. The licensee shall notify the Department within ten (10) days of any change in the required information.

12. LICENSE TYPE	FEE	REVENUE CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> Business Privilege	\$250.00	3702	None	
<input type="checkbox"/> Valet Parking Operator	\$75.00	3376	12/31/	

TOTAL FEES \$ _____

Please Be Sure To Read Other Side And Complete Where Necessary

13. Owner Corporation and Partnership (List Three Principals or Partners)

<i>Name of Principal or Partner</i>	<i>Title</i>	<i>Home Address (Include City, State, Zip Code)</i>

14. Applicant Certification

Please read the following and sign when appropriate.

- 1) I, the applicant, will comply with all laws, rules and regulations.
- 2) I, the applicant, am not delinquent in the payment of any taxes or fees due the City, or I have entered into and I am in compliance with a payment agreement with the City for such taxes.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY

PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING)

STREET CODE _____

REMARKS:

APPROVED

REFUSED

REVIEWED BY	NUMBER
DATE	AUDIT

STREET _____

ZONING _____

CERTIFICATE OF OCCUPANCY _____



**PHILADELPHIA PARKING AUTHORITY
VALET OPERATOR PERMIT APPLICATION**

**3101 Market Street
Philadelphia, PA 19104
Telephone: (215) 683-9736
Fax: (215) 683-9809**

Name of Valet Parking Operator: _____

Company Address: _____

Telephone: _____ Fax: _____

Valet Parking Operator's License Number: _____

Business(es) Institution(s) Requesting Valet Service:

Name: _____ Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Name: _____ Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Name: _____ Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Name: _____ Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Location Where Service is to be Provided: _____
(Please provide street address)

Name of Agent/Employee Who Will Manage Valet Service at Above Location: _____

Agent/Employee's Telephone Number: Day: _____ Evening: _____ Pager: _____

VALET PARKING PLAN

In order to qualify for receipt of a Valet Parking Permit, you must submit a plan for operation at the location specified on this application.

- I. Copy of Valet Parking Operator's Permit issued by the City of Philadelphia's Department of License and Inspection
- II. Proof of Insurance
- III. Agreement/Contract between your operation and business(es) to provide valet service at location specified on this application.
- IV. Agreement/Contract between your operation and licensed off-street facility(ies) detailing the total number of legal parking spaces in the facility and the number of spaces set aside for exclusive use of your operation.
- V. Proposed pattern of vehicle picked-up and discharge including a detailed description of the route to and from the off-street parking facility to be used. Please include directions. *i.e. Vehicles will be taken from valet zone at 1634 Walnut, west on Walnut Street to 17th Street, south on 17th Street to Locust Street, east on Locust Street to the parking garage located at 1534 Locust Street. For return of vehicles to valet zone: Vehicles will be taken from garage at 1534 Locust Street east on Locust Street to 15th Street, south on 15th Street to Spruce Street, west on Spruce Street to 16th Street, north on 16th Street to Walnut Street and west on Walnut Street to valet zone at 1634 Walnut Street.*
- VI. A list of employees/agents providing service and/or operating vehicles at this location. Provide photocopies of driver's licenses for employees who operate vehicles.
- VII. A list of businesses and/or institutions in the City of Philadelphia which have used your valet services over the past two years. The list must include the full address and telephone number of each business.

Please be advised that failure to provide all of the aforementioned material will result in a delay in processing or denial of your application.

I agree to comply with the above, I understand that failure to do so may result in removal of the valet parking zone.

Signature of Applicant

Printed or Typed Name

Official Title

(For PPA Use Only)

Comments: