APPLICATION CHECKLIST
ANNUAL/SIX MONTHS COMMERCIAL VALET PARKING PERMIT
(All permit applications must be submitted minimum of 30 days prior to start of new permit/renewal of current permit)

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Valet Parking Application Fee (New)</td>
<td>$1675.00 (Due on application)</td>
</tr>
<tr>
<td>Commercial Valet Parking Application Fee (Renewal)</td>
<td>$1388.00 (Due on application)</td>
</tr>
<tr>
<td>Annual Commercial Permit Fee</td>
<td>$2318.00</td>
</tr>
<tr>
<td>Six Months Commercial Permit Fee</td>
<td>$989.00 (Due on application)</td>
</tr>
<tr>
<td>Commercial Valet Permit Transfer Fee</td>
<td>$438.00 (Due on application)</td>
</tr>
<tr>
<td>Commercial Valet Modification Fee (Minor/Major)</td>
<td>$134.00 / $438.00</td>
</tr>
<tr>
<td>Late Valet Permit Renewal</td>
<td>$109.00 plus $18 per day charge</td>
</tr>
<tr>
<td>&quot;TOW-AWAY, VALET PARKING&quot; Sign(s) Install</td>
<td>$152.00 per sign</td>
</tr>
</tbody>
</table>

1. (___) Complete all information requested on application.

2. (___) A letter from the restaurant/business requesting the service of a specific valet company for the proposed location.

3. (___) A current City of Beverly Hills Business Tax Certificate for operation at the proposed location.

4. (___) Route Map(s) to & from proposed operation and parking location(s).

5. (___) Complete all information requested on Parking Facility Letter Agreement.

6. (___) A Certificate of Insurance to be completed by an authorized insurance representative on a Certificate of Insurance form provided by the City.

7. (___) If Worker’s Comp is not included on the City’s form, please provide on a separate certificate. It does not have to be on the City’s form.

8. (___) That all valet parking attendants shall have the required ID cards issued by the City in their possession whenever they are assigned to work at the proposed parking location. (Two attendants minimum at all locations).

9. (___) Provide copies of all valet attendant ID’s working at location.

10. (___) Provide a copy of current California Driver’s License of the person signing the application.

11. (___) Payment of permit application fee, permit fee, and any applicable signs/meter fees.

12. (___) Car counts for the previous six months (renewals only).

13. (___) Miscellaneous: ____________________________
COMMERCIAL VALET PARKING APPLICATION

Please Type or Print

☐ NEW  ☐ TRANSFER  ☐ RENEWAL  ☐ MODIFICATION

Name of Valet Parking Operator: _____________________________________________

Address: _________________________________________________________________

Contact Name: ____________________________________________________________

Telephone: _______________________________________________________________

Fax Number: _____________________________________________________________

Email: _____________________________________________________________________

Days of Valet Operation: ___________________________________________________

Time of Valet Operation: ___________________________________________________

Number of attendants to be assigned: 2+

B.H. Business License No: ______________________

No. of Meters requested: __________________________

Meter numbers: ___________________________________________________________

General insurance policy expires: ______________________

Workers' Compensation expires: _______________________

Name of Valet Parking Operation location: ______________________________________

Address: _________________________________________________________________

Contact Name: ____________________________________________________________

Telephone: _______________________________________________________________

Address of facilities to be used for parking vehicles:

(Letter Agreement Required for each facility)

(1) __________________________________________________________

(2) ___________________________________________________________

Total number of parking spaces at each facility: (1)=__ (2)=__

Total parking spaces reserved for valet: (1)=__ (2)=__

Estimated number of vehicles to be parked: ______________________

Valet parking fee to be charged: _________________________

PRINT NAME __________________________ SIGNATURE __________________________ Date of Application _______________________

I certify to the best of my knowledge, the above information is true and correct:

INCOMPLETE APPLICATIONS WILL BE DENIED / PAYMENT OF FEES REQUIRED AT TIME OF APPLICATION

OFFICE USE ONLY

Valet Parking Permit Fee:

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee Amount</th>
<th>Amount Paid</th>
<th>Date</th>
<th>Check #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Valet Parking Application Fee (NEW)</td>
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<td>___________</td>
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$1675.00 (Due on Application)

$1388.00 (Due on Application)

$438.00 (Due on Application)

$2318.00

$989.00 (Due on Application)

$134.00/$438.00

$109.00 plus $18/day charge

FY/19/20 (ver 02/01/2020) (Commercial Valet Application.doc/Valet)
LETTER AGREEMENT

We, the Undersigned, Valet Parking Service Operator and off-Street Parking Facility Owner or Lessee designate the following off-street parking facility as the facility which will accept Valet Parking Service Operator's vehicles for the following valet parking service operation:

Owner or Lessee of the off-street parking facility:

Name: ___________________________ Company: ___________________________

Position: __________________________ Telephone: __________________________

Address of Parking Facility: _____________________________________________

Mailing Address, if different: ____________________________________________

Total Number of Parking Spaces at above Facility: ___________________________

Estimate of the percent of usage of the off-street parking facility prior to (___ %) and subsequent to (_______ %) the Valet Parking Service Operator's proposed use.

If the off-street parking facility is part of a building or premises devoted to other uses which require off-street parking, the number of parking spaces required by law to be provided in the parking facility to serve such other uses: __________________________

Valet Parking Service Operator:

Name: ___________________________ Is for: ___________________________

Company: ________________________ Address: _________________________

Position: _________________________ City/Zip: _________________________

Address: _________________________ Telephone: _______________________

City/Zip: _________________________

Days of Valet Parking Operation: __________________________ Hours: __________________________

Total number of parking spaces reserved for this operation: __________________________

This letter agreement cannot be canceled without at least thirty (30) day notice to the other party and to the City of Beverly Hills.

The undersigned declares under penalty of perjury that all statements provided therein are true and correct to the best of our knowledge.

Valet Parking Service Operator: __________________________

Print Name __________________________ Signature __________________________ Date __________________________

Off-Street Parking Facility Owner/Lessee: __________________________

Print Name __________________________ Signature __________________________ Date __________________________
CITY OF BEVERLY HILLS
POLICE DEPARTMENT
464 N. Rexford Drive, Beverly Hills, CA 90210
Phone: (310) 288 - 2662 Fax: (310) 278 – 9631 Email CBH-Commvalet@beverlyhills.org

CERTIFICATE OF INSURANCE

This is to certify that the following endorsement is part of the policy (ies) described below:

NAMED INSURED (Valet Operator)

ADDRESS

NOTE: All deductible and self insured retentions must be noted on this form or in an attached letter. □ Mark box if letter attached.

<table>
<thead>
<tr>
<th>COMPANY (A. B. C.)</th>
<th>COVERAGE</th>
<th>POLICY NUMBER</th>
<th>EXPIRATION DATE</th>
<th>LIMITS</th>
<th>AGGREGATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Commercial General Liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Garage Liability (Auto Liability) (Any Auto)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Garagekeepers Legal Liability</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>□ Excess Liability</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ WORKERS' COMPENSATION and Employers Liability</td>
<td></td>
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</tbody>
</table>

It is hereby understood and agreed that the City of Beverly Hills, its City Council and each member thereof and every officer and employee of the City shall be named as joint and several assureds with respect to claims arising out of the following:

Valet Location:

It is further agreed that the following indemnity agreement between the City of Beverly Hills and the named insured is covered under the policy: Valet Operator agrees to indemnify, hold harmless and defend the City, its City Council and each member thereof and every officer, employee and agent of City from any and all liability or financial loss resulting from any and all suits, claims, losses, damages, injuries and expenses (including, without limitation, attorney fees and costs) arising out of any injury to person or persons, including, but not limited to, Valet Operator, or property which arise directly or indirectly from any reckless, wrongful or negligent acts or omissions of Valet Operator or any person employed or contracted by Valet Operator for activities conducted by Valet Operator pursuant to any permit issued by the City, in the performance of any agreement with City for use of City-Owned or controlled parking facility, or in the use of any other City facility.

It is further agreed that the inclusion of more than one assured shall not operate to increase the limit of the company's liability and that insurer waives any right of contribution with insurance which may be available to the City of Beverly Hills

In the event of cancellation or material change in the above coverage, the company will give 45 days written notice of cancellation or material change to the certificate holder.

Except to certify that the policy(ies) described above have the above endorsement attached, this certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or conditions of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

DATE: ___________________________ AGENCY: ___________________________

BY: ___________________________ ADDRESS: ___________________________

Signature of Authorized Insurance Representative

Print Name & Title