



CITY OF BEVERLY HILLS PUBLIC WORKS SERVICES

345 Foothill Road
Beverly Hills, CA 90210
Phone: (310)285-2522 Fax: (310)858-5965

APPLICATION CHECKLIST FOR AN ANNUAL/SIX MONTH COMMERCIAL VALET PARKING PERMIT Fiscal year July 1, 2014 to June 30, 2015

	TRANSFER FEE	\$289.00
	SIX MONTH FEE	\$1050.00
	ANNUAL FEE	\$1712.00
	MODIFICATION FEE	\$206/\$372
	New Commercial Valet	\$1822.00
	"TOW AWAY, VALET PARKING" 9"x15" SIGNS	\$107.00
	"TOW AWAY, VALET PARKING" 9"x24" SIGNS	\$144.00

- () 1. Complete all information requested on application.
- () 2. A letter from the restaurant/business requesting a specific valet company service 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 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 Workers' 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 BHPD 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 and any applicable meter fees.
- () 12. Car counts for the previous six months (Renewals only)
- () 13. Miscellaneous _____



CITY OF BEVERLY HILLS
PUBLIC WORKS SERVICES

COMMERCIAL VALET PARKING APPLICATION

Please Type or Print

NEW TRANSFER RENEWAL MODIFICATION

Name of Valet Parking Operator:

Name of Valet Parking Operation location:

Address:

Address:

Beverly Hills, CA 9021

Contact Name:

Contact Name:

Telephone:

Telephone:

Fax Number:

Address of facilities to be used for parking vehicles:

(Letter Agreement Required for each facility)

Email:

(1)

Days of Valet Operation:

(2)

Time of Valet Operation:

Total number of parking spaces at each facility:

Number of attendants to be assigned: 2+

(1)= (2)=

B.H. Business License No:

Total parking spaces reserved for valet: (1)=

(2)=

No. of Meters requested:

Meter numbers:

Estimated number of vehicles to be parked:

General insurance policy expires:

Valet parking fee to be charged:

Workers' Compensation expires:

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 REQUIRED AT TIME OF APPLICATION

OFFICE USE ONLY

Valet Parking Permit Fee:

New Commercial Valet Parking Application
Commercial Valet Permit Transfer fee
Annual Permit Fee
Six Month Permit Fee
Commercial Valet Modification Fee
Meter Fees due: \$

\$1822.00 Amount Paid: Date: Ck#
\$289.00 Amount Paid Date: Ck#
\$1712.00 Amount Paid: Date: Ck#
\$1050.00 Amount Paid: Date: Ck#
\$206/\$372 Amount Paid: Date: Ck#



CERTIFICATE OF INSURANCE

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

NAMED INSURED (Valet Operator)

COMPANIES AFFORDING COVERAGE

ADDRESS

- A.
- B.
- C.

NOTE: All deductible and self insured retentions must be noted on this form or in an attached letter. Failure to show a deductible or self insured retention certifies first dollar coverage. Mark box if letter attached.

COMPANY (A. B. C.)	COVERAGE	POLICY NUMBER	EXPIRATION DATE	LIMITS	AGGREGATE
	<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Garage Liability (Auto Liability) (Any Auto) <input type="checkbox"/> Garagekeepers Legal Liability <input type="checkbox"/> Excess Liability <input type="checkbox"/> WORKERS' COMPENSATION and Employers Liability			Prod-Comp/Ops P.I. & Adv inj. Each Occurrence C.S.L. B.I./person B.I./accident Pty Damage Per Occurrence Per Location Each Occurrence Each Occurrence Disease – Policy Limit Each Employee	

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 additional insured with respect to claims arising out of the following:

VALET SERVICE LOCATION AND ADDRESS

PLEASE PRINT

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 against all claims, demands, losses, damages injuries and expenses (including, without limitation, attorney fees and costs) arising out of any injury to person or person, 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 **30 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 condition 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



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:

Valet Parking Service Operation:

Name: _____

Is for: _____

Company: _____

Address: _____

Position: _____

City/Zip: _____

Address: _____

Telephone: _____

City/Zip: _____

Days of Valet Parking Operation: _____ Hours of: _____

Total number of parking spaces reserved for this operation: _____

This letter Agreement cannot be canceled without at least thirty (30) days 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 or Lessee: _____
Print Name Signature Date