



Valet Parking Permit Application

In conformity with the Valet Parking Ordinance

I. General Information

HOST BUSINESS SERVED: _____

HOST BUSINESS ADDRESS: _____

HOST BUSINESS PHONE: _____

HOST BUSINESS CONTACT: _____

VALET COMPANY NAME: _____

VALET COMPANY ADDRESS: _____

VALET COMPANY PHONE: _____

PROJECTED NUMBER OF VALETS ON SITE _____

II. VALET SITE

Please provide a detailed description of the site. Include street name(s), amount of curb in feet, block number, days and hours of operation:

Attach scaled site map on a separate sheet

III. Applicant and Host Business Signature

HOST APPLICANT
SIGNATURE: _____

IV. Email Questions to: vickie.barger@charlottenc.gov Or call: (980) 867-8136

Do not begin valet parking until an approved permit is received.
A copy of the certificate of insurance for the valet and the host business and a host declaration of intent must be attached before the application can be considered.
Mail completed application with the application processing fee (check payable to the City of Charlotte) to:
Valet Parking Coordinator, CDOT, City of Charlotte, 600 East Fourth Street, Charlotte, NC 28202
New Annual Permit Fee - \$525
Permit Renewal Fee - \$300
Temporary Permit Fee - \$300



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (Insurance Agency) (Mailing Address)	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED (Agreement/Policy Holder) (Mailing Address)	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		(Enter Policy #, if applicable)	Effective Date	Expiration Date	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ (Min) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Policy
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			(Enter Policy #, if applicable)	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ (Min) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ \$1,000,000 PROPERTY DAMAGE (Per accident) \$ \$ Policy
	UMBRELLA LIA EXCESS LIAB DED RETENTION \$			(Enter Policy #, if applicable)	Effective Date	Expiration Date	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>	(Enter Policy #, if applicable)	Effective Date	Expiration Date	PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: (Certificate Holder/City of Charlotte is additional insured).

CERTIFICATE HOLDER**CANCELLATION**

City of Charlotte
600 East 4th Street
Charlotte, NC 28202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE