



VALET PARKING OPERATOR'S LICENSE APPLICATION

NOTE: A fee of \$100.00 must be submitted with this application.

Name of Operator License Applicant			
Business Street Address			
City, State, Zip code			
Home Phone	Work Phone	Cell Phone	
Principal Place of Business If different than above			
State of Incorporation	Date of Incorporation	FEIN Number	
Is the corporation in good standing with the State of Illinois? Please attach your current certificate. YES NO			
Total Number of Employees			
Provide the name and address of establishment to be served			
Do you serve other business establishments in Park Ridge? YES NO			
If the above answer is yes, please provide the names and addresses.			

Note: Thirty (30) day notice of cancellation to the City of Park Ridge. The required minimum insurance coverage amounts are \$1,000,000 per occurrence for public liability and for property damage, and \$100,000 per occurrence for garage keepers legal liability.

1. IF THE LOADING ZONE TO BE USED FOR VALET PARKING IS ON THE **PUBLIC RIGHT-OF-WAY**, ATTACH A DRAWING SHOWING THE LOCATION OF THIS LOADING ZONE IN RELATIONSHIP TO THE LOCATIONS WHERE CARS WILL BE PARKED.

2. IF THE LOADING ZONE TO BE USED FOR VALET PARKING IS ON **PRIVATE PROPERTY**, ATTACH A DRAWING SHOWING THE LOCATION OF THIS LOADING ZONE IN RELATIONSHIP TO THE LOCATIONS WHERE THE CARS WILL BE PARKED.

3. ATTACH A MAP SHOWING THE ROUTE USED TO AND FROM THE PARKING AREA.

4. ATTACH A COPY OF THE EXECUTED LEASE FOR LEGAL OFF STREET PARKING SPACES TO BE USED.

SIGNATURE OF OWNER OF BUSINESS ESTABLISHMENT AUTHORIZING THIS VALET PARKING SERVICE:

_____ (Authorized Signature/Title) (Date)

SIGNATURE OF VALET OPERATOR

_____ (Authorized Signature/Title) (Date)

Department of Public Works Determination

Approved: _____ Not Approved: _____

Comments: _____

Initials of Person Completing this Form _____