



City of White Plains Department of Parking

255 Main Street – Annex Building, White Plains, NY 10601 • 914-422-1232

Application for Valet Operating Permit

Original Application

Renewal Application

Valet Sponsor Information

Business Name:	Fed ID #:
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Mailing Address:

City:	State:	Zip Code:
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Phone:	Email:
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Service Location: (if different from above)

Please list name and address of owner, partner, or officer of sponsor business requesting permit:

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Has any officer or principal ever been found liable in a lawsuit related to the operation of a valet parking service?

Has any officer or principal ever been found guilty in any prosecution related to the operation of a valet parking service?

Valet Operator Information

Business Name:	Fed ID #:
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Mailing Address:

City:	State:	Zip Code:
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Phone:	Email:
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Please list name and address of owner, partner, or officer of valet operator requesting permit:

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Has any officer or principal ever been found liable in a lawsuit related to the operation of a valet parking service?

Has any officer or principal ever been found guilty in any prosecution related to the operation of a valet parking service?

Disclose all felony criminal offenses and all misdemeanor offenses related to driving or intoxication for which any employee has been convicted, include the nature of the offense and the place and date of conviction:
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Valet Operator 24 Hour Contact Information

Name:

Title:

Phone:	Cell:	Email:
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Valet Rate to Be Charged:

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Valet Loading Area – (on-street passenger pick-up and drop-off location)

Street:	Loading Area Length(ft.):
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Cross Street 1:	Distance to start of Loading Area (ft.):
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Cross Street 2:	Distance to end of Loading Area (ft.):
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Parking Meter Numbers Located in Proposed Area:

Valet Parking Area – (off-street vehicle storage location)

Facility Name & Location:

Number of Parking Spaces dedicated for valet use:

Hours of Operation

Sunday:	Monday:	Tuesday:	Wednesday:
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Thursday:	Friday:	Saturday:	
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Travel Routes

Description of travel route from Valet Loading Area to Valet Parking Area:

Description of travel route from Valet Parking Area to Valet Loading Area:

Valet Parking Attendants

Minimum # on site:

Description of uniform:

Additional Required Documentation

Valet Parking Plan (including map)

Certificate of Insurance naming City of White Plains as additionally insured

Copy of contract, lease, or license for use of any off-street third party Valet Parking Area designated on this application

Indemnification

To the fullest extent permissible by New York State law, the valet sponsor and valet operator indemnify, defend, and hold harmless the City of White Plains, it's officials, officers, employees, agents, and volunteers from and against any claims, damages, losses and expenses, including, but not limited to, reasonable attorney's fees, arising out of or resulting from: (1) any use or performance under this valet operating permit; (2) the activities and/or operations of the valet operator or valet sponsor and their employees, subcontractors, agents, or assigns; (3) any condition of property used in the operation of the valet services; or (4) any acts, errors, or missions including without limitation, professional negligence of the valet operator or valet sponsor and their employees, subcontractors, agents, or assigns in connection with the valet parking operation. This indemnity includes but is not limited to, personal injury, including death, and property or other damage sustained by any person or persons. Such obligation shall not be construed to negate, abridge or reduce other rights or obligations of indemnity which would otherwise exist to a party or person described in this paragraph.

Certifications

Valet operator and valet sponsor hereby certify that:

- 1) all valet operator employees shall have a valid New York State driver's license; and,
- 2) all valet operator employees engaged in the valet parking service shall wear retro-reflective safety vests or other retro-reflective material while working during the nighttime; and,
- 3) all valet operator employees engaged in the valet parking service shall only allow customer loading and off-loading within the designated Valet Loading Area indicated on this application.

VALET SPONSOR

VALET OPERATOR

Authorized Signature

Authorized Signature

Title

Title

Date

Date

This area for Department of Parking use only.

Received by: _____	Date: _____	Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
Valet Loading Area:		
Transportation Commission: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____	
Common Council: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____	
Department of Parking Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____	
Permit Issued: <input type="checkbox"/> NO <input type="checkbox"/> YES # _____	Date: _____	