

City of Norfolk Division of Parking Application for Valet Parking Permit



Date of Application _____

Responsible Person / Title _____

Company / Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Nighttime Phone _____

Norfolk Business License Number _____ (attach copy of license)

Business Insurance Provider _____ (attach copy of declaration page of policy)

Term of Valet Parking Permit: 1 Year - From _____ To _____

Or, 1 Night Special Event _____

Valet Parking Service Location:

_____ block of _____ Meter number _____

Establishment(s) you will serve from this location:

(Attach a copy of parking service agreement with each establishment.)

Off-Street Parking Location(s):

(Attach a copy of off-street parking agreement(s).)

By signing this Valet Parking Permit application, I agree that I have received the City of Norfolk's Policies and Regulations regarding the Valet Parking Permit Program and agree to abide by these policies and regulations as stated. I understand the permit application fee is non-refundable. I understand the \$5,000 surety bond due with this application will be held by the City of Norfolk, Division of Parking for the term of the Valet Parking Permit for the sole purpose of outstanding fines, fees, damages or losses due to the City of Norfolk or the Division of Parking.

Print Name of Applicant _____

Signature of Applicant _____ Date _____