



**CITY OF FORT WORTH
TEMPORARY VALET PARKING PERMIT APPLICATION**

APPLICATION DATE _____

NAME OF APPLICANT _____

NAME OF BUSINESS CONTRACTING FOR VALET SERVICE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RESPONSIBLE OFFICIAL _____

CELL PHONE # _____ OFFICE PHONE # _____ FAX # _____

E-MAIL _____

VALET SERVICE PROVIDER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RESPONSIBLE OFFICIAL _____

CELL PHONE # _____ OFFICE PHONE # _____ FAX # _____

E-MAIL _____

CHECK ALL THAT APPLY:

NUMBER OF SPACES NEEDED (MINIMUM OF TWO (2) SPACES REQUIRED) _____
VALET DATE: _____ TIME(S): _____

VALET STAND (INDICATE LOCATION, SIDEWALK, ETC.) _____

LOCATION OF OFF-STREET PARKING _____

LOCATION OF VALET ZONE:	(ADDRESS) (LIMITS)	
_____	_____	_____
STREET	FROM	TO

**** LIST NAME OF CONTRACTED TOWING COMPANY AND NUMBER : _____**
(Refer to list of towing companies approved to perform non-consent tows in the city's right of way)

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION:

- Signed application
- Copy of approval from property owner granting valet operation to use surface lot or garage for off-site parking
- Route & Site Plan (TRAFFIC CONES PLACEMENT)
- Certificate of insurance (\$ 1 million garage liability and \$1 million garage keepers) listing the city as an additional insured
- \$100 permit fee

Authorized Signature _____ Date _____

**TRANSPORTATION AND PUBLIC WORKS DEPARTMENT
PARKING SERVICES**
311 W. 10TH STREET
FORT WORTH, TX 76102
(817) 392-6987 FAX (817) 392-6781

Office Use Only
Received _____ Approved _____ Permit # _____ Denied _____