



DENVER
THE MILE HIGH CITY

One-Time Event Valet Permit Application

City and County of Denver – Department of Public Works – Parking Operations
201 West Colfax Avenue, Dept 508, Denver, Colorado 80202

(ALL ANSWERS MUST BE PRINTED OR TYPEWRITTEN)

Please complete this application as it pertains to the address of this valet parking service/location.

Submit the application with all supporting documentation and payment to the Agency and address listed above **OR** emailed scanned documents to parkingoperations@denvergov.org

NOTE: Minimum Review Time Needed for Permits is 7 Business Days

Valet Operator Information

Valet Operator Name: _____ Operator License #: _____ Contact Person: _____

Email Address: _____ Business Phone: _____ Contact Phone: _____

Valet Operator Business Address: _____

Valet Location Information

Client Name _____ Event Name _____

Event Address _____ Dates / Times _____

Description of Pick-up / Drop-off Location On a Public Street/Sidewalk **OR** On Private Property

Due to the size of the event, a parking/ traffic lane closure and/or Denver Police Department traffic control/direction may be required for valet staging. Are you requesting a lane closure or traffic direction? YES (see Page 2) NO

METERS(s) List Meter Numbers _____
METER FEES (per meter) \$25/day (Premium Zones) \$15/day (All Other Zones)

NON-METERED Total Curb Length (in linear feet) _____

Loading area description (i.e. N.E. corner of Main St. on 15th) _____

Location where vehicles will be parked (Garage/Parking Lot Address) _____

Expected Number of Vehicles _____

Number of Valet attendants on staff _____

Additional Comments _____

Operational Plan and Supporting Documents (reference the “Submittal Checklist” on page 2 for further detail regarding the supporting documents) Submit ALL of the following:

Waiver Letter Current Valet Operator License Map Proof of Insurance Traffic Control Plan (if applicable)

I declare under penalty of Oath of applicant perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility, the responsibility of my agents and employees to comply with the provision of the Denver Revised Municipal Code and all Rules and Regulations. This permit does not constitute exclusive use of the right-of-way. This permit can be revoked in the event of a special event, emergency or street construction as necessary.

Valet Operator Authorized Signature: _____ Title: _____

Print Name: _____ Date: ____/____/____

SECTION TO BE COMPLETED BY THE OFFICE OF THE CITY TRAFFIC ENGINEER

Action recommended by the City Traffic Engineer regarding valet parking plan:

Approved as Submitted Approved by (print name) _____
 Rejected (must be resubmitted for the following reasons) _____ Signature _____
 Approved with the following conditions _____ Date ____/____/____

SECTION TO BE COMPLETED BY THE DIRECTOR OF EXCISE & LICENSE OR DESIGNEE

Approved to waive annual valet location license fee for a one-time event Signature _____



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Submission Checklist: *Article XV section 55-420*

Applicant Must Provide

- Completed One-Time Event Valet application**
- Copy of a current valid Operator License**
- Letter asking for a waiver of the annual valet location license fee because request is for a one-time event**
(letter should be on valet operator letterhead, written to Director of Excise & Licenses)

Map of area surrounding client business identifying the following:

- Client(s) location
 - The requested passenger loading zone area
 - Any street furniture (i.e. signs and podium)
 - The location of the parking lot(s) or garage(s) where the valet vehicles will be stored
- Proof of insurance (see attached sample). Temporary Certificates are not accepted.**
The applicant provides a copy of an insurance policy specifically naming the **applicant** as the insured on the policy, along with the **valet client** business and address as well as **the City** as additional insured parties, providing liability coverage for property damage in an amount not less than two hundred fifty thousand dollars (\$250,000.00) and personal injury coverage in an amount not less than one million dollars (\$1,000,000.00) covering injuries and damages caused by the valet client business, valet operator, or any of his or her valet attendants in the course of conducting valet services for the valet client business, with a term of at least the twelve (12) month term of the license. Updated insurance certificates must be mailed to the City on the address listed in the attached sample certificate.

Additional Notes / Provisions:

- Copies of the Valet Operator license, Street Public Occupancy permit and Meter permit (if applicable) must be held on-site at the valet location.
 - The Street Public occupancy permit includes one (1) valet sign and one (1) podium. Additional permits must be obtained for additional signs or podiums.
- Traffic Control Plan** (required for events needing a parking/travel lane closure and/or police traffic control for valet staging)
If a traffic control plan is deemed necessary by Public Works (typically for large events), further information and documents may be required by applicant. Public Works will contact the applicant if further information is needed to complete one-time request.

The applicant provides a copy of an insurance policy specifically naming the **applicant**, the **valet client** business, and **the city** as insured parties, providing liability coverage for property damage in an amount not less than two hundred fifty thousand dollars (\$250,000.00) and personal injury coverage in an amount not less than one million dollars (\$1,000,000.00) covering injuries and damages caused by the valet client business, valet operator, or any of his or her valet attendants in the course of conducting valet services for the valet client business, with a term of at least the twelve (12) month term of the license;

| | | |
|-----------------|--|--------------|
| PRODUCER | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN. | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# |
| INSURED | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES

THIS CERTIFICATE SUPERSEDES AND REPLACES ANY PREVIOUSLY ISSUED CERTIFICATE. THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|--|---------------|----------------------------------|-----------------------------------|----------------------------------|--------------------|
| | | | | | | |
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS - COMP/OP AGG | \$ NOT LESS THAN |
| | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | EACH OCCURRENCE | \$ |
| | | | | | FIRE DAMAGE (Any one Fire) | \$ |
| | | | | | MED EXP (Any one person) | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | COMBINED SINGLE LIMIT | \$ |
| | | | | | BODILY INJURY (per person) | \$ |
| | | | | | BODILY INJURY (per accident) | \$ |
| | | | | | PROPERTY DAMAGE | \$250,000 |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN AUTO ONLY: | \$ |
| | | | | | EACH ACCIDENT | \$ |
| | | | | | AGGREGATE | \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | WC STATUTORY LIMITS | OTHER |
| | | | | | EA EACH ACCIDENT | \$ |
| | | | | | EA DISEASE-POLICY UNIT | \$ |
| | | | | | EA DISEASE-EACH EMPLOYEE | \$ |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

ADDITIONAL INSURED: Valet Client(s) (Business Name & Location)
The City and County of Denver, its officers, officials, and employees

| | |
|---|---|
| CERTIFICATE HOLDER City and County of Denver - Public Works 201 West Colfax Ave., Dept. 507 Denver, CO 80202 | CANCELLATION SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
| | AGENTS SIGNATURE |