



Valet Parking Supplement

Complete one for each location

1. Name of the business for whom you valet park: _____
2. What type of establishment is this? _____
3. What is the lot location address (including zip code)? _____
4. Hours and days of operation: _____
5. Where are customer's keys kept? _____
6. Is the area where customer's key's kept manned and locked at all times? Yes No
7. Is valet parking lot on the same premises listed above? Yes No
8. Are vehicles kept parked in a parking garage, underground storage facility or any other covered parking structures? Yes No
9. Are any autos parked on the street? Yes No
10. Is the parking done at any other off-site locations? Yes No
If yes, please attach a diagram showing the traffic patterns traveled.
11. What kind of parking ticket do you use? _____
12. Describe your lot protection: _____
13. Are vehicles parked within sight of an attendant? Yes No
14. Do you provide parking for special events? Yes No
If yes, please provide details: _____
15. What is your procedure if a customer does not pick up their car by closing time? _____

16. Please describe how valet sections are separated from self-parking section of lot? (i.e. cones, ropes)

17. How many spaces are reserved for valet parking? _____
18. What are the average # of spaces used? _____
19. Maximum value of any one auto: _____
Average value of any one auto: _____

Employees: Please fully complete the Employee Schedule on the BIG Garage Application BG-GA-269.

*****NOTE*****

MVR'S ARE REQUIRED ON ALL INDIVIDUALS UNDER THE AGE OF 25 PRIOR TO PROVIDING A QUOTE

Applicant's signature: _____

Date: _____