

Application for Valet Operator Permit

City of Tampa
Mobility Department
Right-of-Way Permitting Section
306 E Jackson St, 4E
Tampa, FL 33602
(813) 274-3104



Please complete, assemble, and submit a PDF file of your application online, with all supporting documentation at:

<https://aca.tampagov.net/citizenaccess>

REQUIRED DOCUMENTS

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION TO BE CONSIDERED COMPLETE AND READY FOR REVIEW:

Detailed Staging/Storage/Travel and Parking Diagram: Permittee must provide a diagram showing an overview of the operation. *See the Overview Diagram example on page 3 for reference.*

Latitude and Longitude Coordinates: Provide coordinates of Podium location, in decimal degrees at a 6 decimal point precision.

Hold Harmless, Maintenance and Indemnification Agreement: The Hold Harmless, Maintenance and Indemnification Agreement must be signed, witnessed and notarized.

Reserved On Street Parking Spaces| Area for Queuing: If using metered On Street Parking Spaces, must provide the space(s)/ Parking Placard number(s). If using unmetered or unmarked parking area, must provide dimensions of the parking area.

Storage Permission from Parking Property Owner: Permission must be written on letter-head stationary and indicate the days and times and number of spaces that parking will be available for Permittee's use. Letter must include intention to notify City at least 15 days in advance of property owner's intention to terminate agreement with Permittee.

Executed Certification of Insurance (on ACORD form). *See example COI on page 9, for correct minimum coverage amounts and notes that are REQUIRED.*

Drawings or photographs of signage and podium: Must show dimensions of podium & sign(s) and information on proposed signage.

Sample of Valet Tag: One example of hang tag must be attached to Application.

Business Tax Receipt: A copy of your Business Tax Receipt must be included with your application package for the location you are performing Valet services. (Not required for a single event)

ACKNOWLEDGEMENTS

Valet company will adhere to all state and local laws regarding use of public right-of-way including but not limited to blocking traffic, and parking in front of residences or public or private driveways.

Fees: ALL fees to be paid online through City's Online Permitting System (web address above).

Parking Receipt may be required: Once Conditional Placard is issued and prior to Permit issuance, applicant must upload the parking receipt into documents/attachments in Accela. To apply and pay for rental of parking space(s)/ parking area impacted by the valet operation, use the following link: <https://www.tampa.gov/parking/on-street-parking-rentals> On-street space rentals require 72 hr. (3 business day) notice & needs the following info: Date(s), Proposed Use, Street name(s) & Parking Placard #s. Parking Admin staff will email you when your rental bags are ready and payment may be made online or in-office. For questions call 813.274.8179.

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VALET OPERATOR'S INFORMATION

Valet Business Name: _____
Owner Name: _____
Manager Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone Number: _____
Cell Number: _____
Email: _____

BUSINESS SERVED BY VALET OPERATOR

Type of Business: _____
Business Name: _____
Owner Name: _____
Manager Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone Number: _____
Cell Number: _____
Email: _____

DAYTIME HOURS (IF APPLICABLE)			EVENING HOURS (IF APPLICABLE)			NUMBER OF ATTENDANTS AT LOCATION BY DAY	ESTIMATED NUMBER OF CARS PARKED PER HOUR
	FROM	TO		FROM	TO		
MONDAY			MONDAY				
TUESDAY			TUESDAY				
WEDNESDAY			WEDNESDAY				
THURSDAY			THURSDAY				
FRIDAY			FRIDAY				
SATURDAY			SATURDAY				
SUNDAY			SUNDAY				

I, THE UNDERSIGNED OWNER/AGENT/APPLICANT, HEREBY CERTIFY THAT I HAVE REVIEWED THE APPLICATION, ALL ATTACHMENTS THERETO, AND CITY CODE CONDITIONS RELATED TO A VALET OPERATOR PERMIT. I CERTIFY THAT ALL RESPONSES IN THIS APPLICATION ARE TRUE AND THAT ANY FALSIFICATION OF MATERIAL FACTS WILL RENDER THIS PERMIT NULL AND VOID. FURTHERMORE, I HEREBY AGREE TO ADHERE TO CITY REQUIREMENTS FOR A VALET OPERATOR PERMIT & AUTHORIZE THIS APPLICATION TO BE SUBMITTED TO THE CITY FOR CONSIDERATION OF SUCH. SHOULD ANY INSPECTIONS OF THE RELATED BUSINESS PROPERTY BE NECESSARY THROUGH THE NORMAL COURSE OF THE CITY'S REVIEW OF THIS PERMIT, I HEREBY ALLOW CITY REPRESENTATIVES TO ACCESS THE PROPERTY FOR RELATED INSPECTIONS.

Valet Operator/Agent: _____
(Print Name)

Signature: _____
Date: _____

Business Owner/Agent: _____
(Print Name)

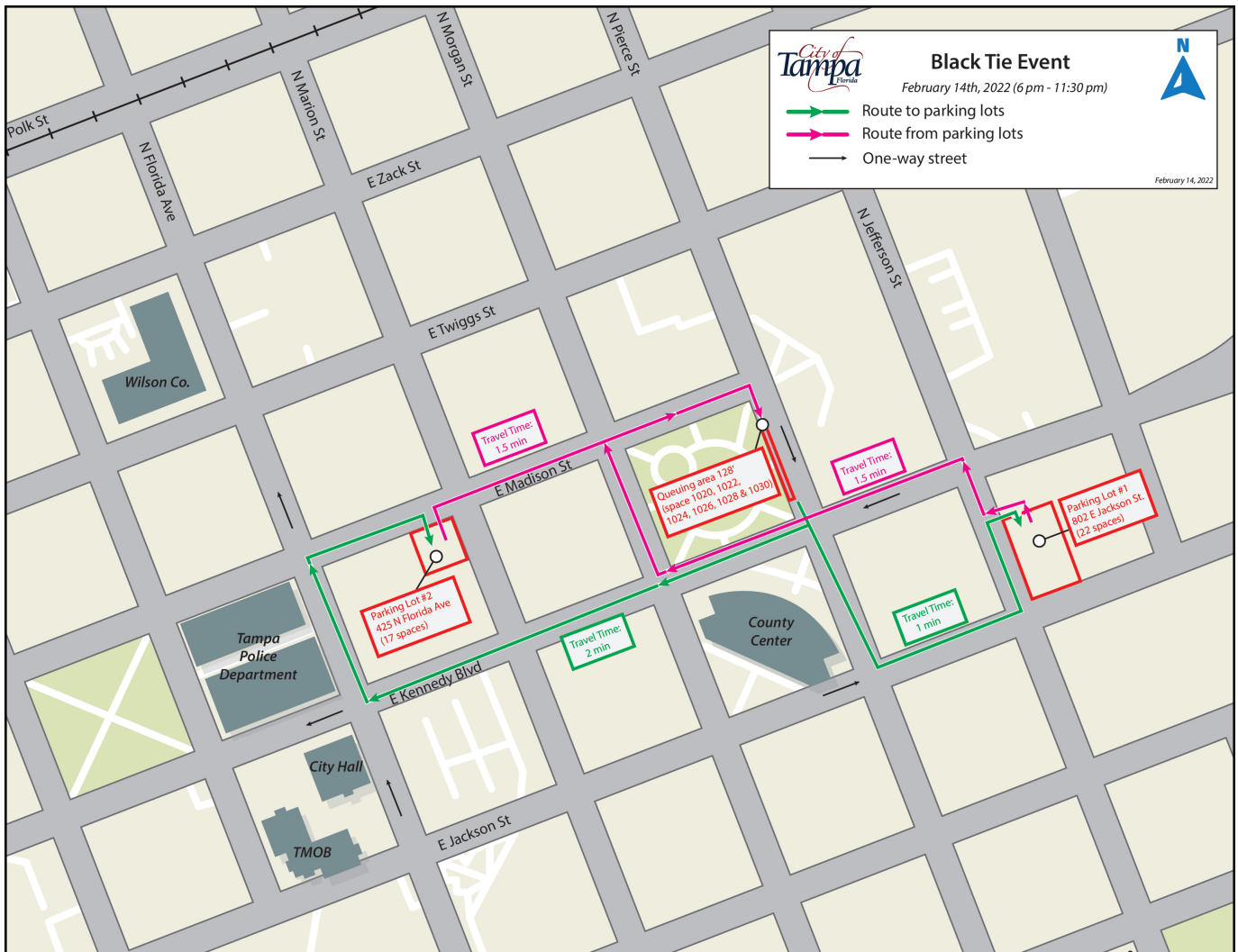
Signature: _____
Date: _____

OVERVIEW DIAGRAM

Applicant:

On a separate page you must prepare an overview diagram with the following information: the location and dimensions of Staging Area, distance from intersections, location of signage and station, names and directions of travel on adjacent streets, location of adjacent businesses, location of cones and current parking restrictions on the parking spaces to be used for Staging Area; points of ingress and egress to Parking Storage Area(s), the number of total available parking spaces and the location and number of those available for Valet operator's use, names and directions of travel of adjacent streets; the travel route attendant will take to deliver and retrieve vehicles between the Staging and Storage areas including names and directions of travel streets and the amount of driving time it takes to retrieve cars from Storage Area (confirmed by field inspection); indication of North.

EXAMPLE OF A PARKING PLAN SHOWING STAGING AREA, PARKING STORAGE AREA AND CIRCULATION ROUTE

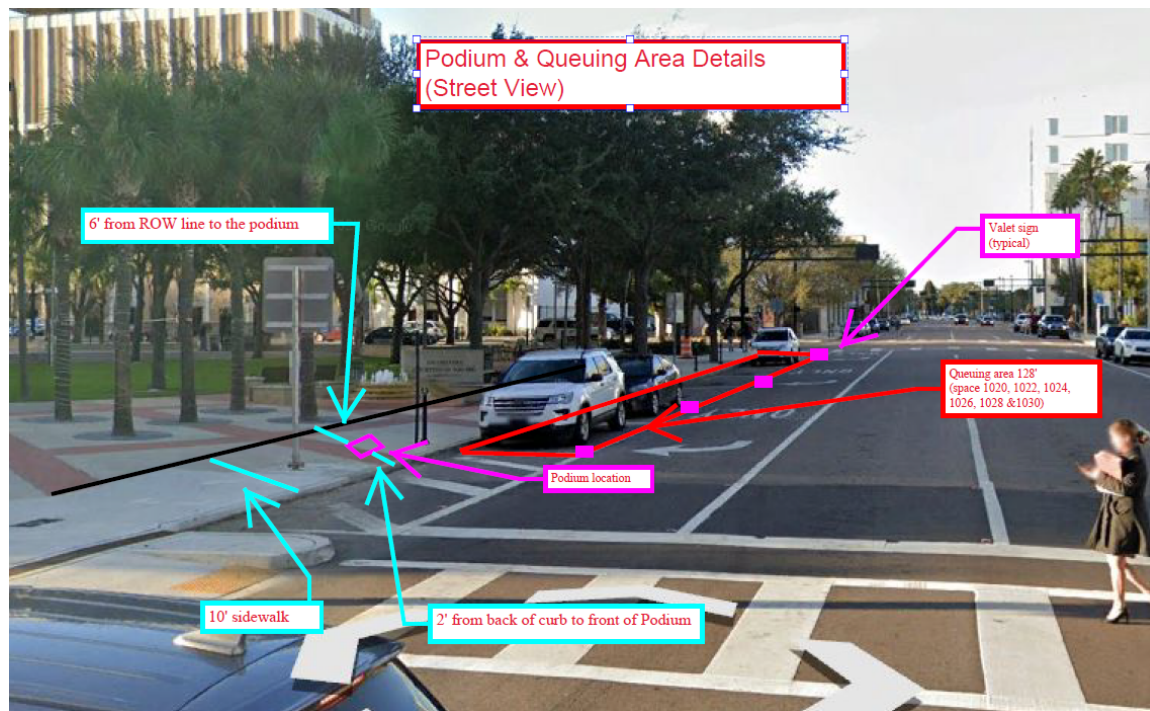
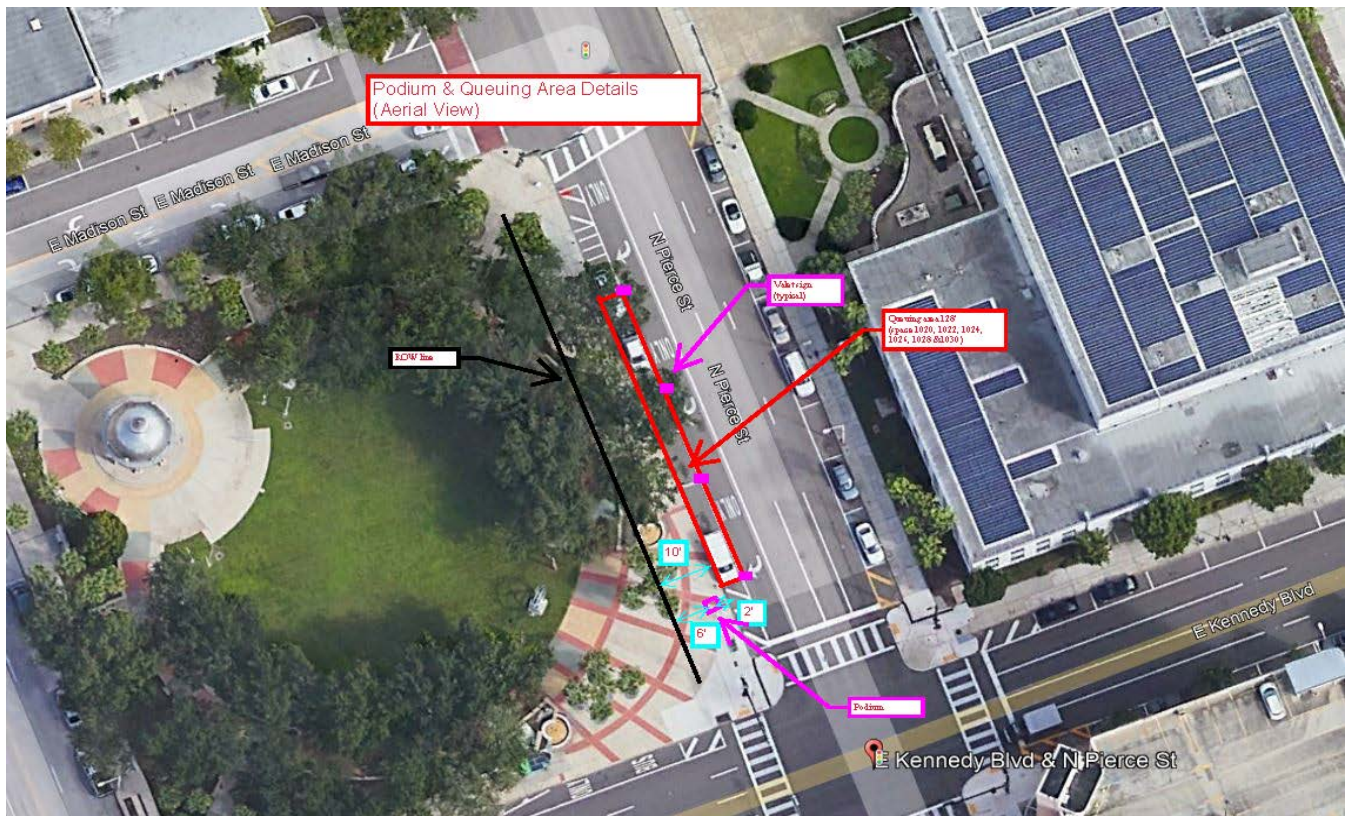


VALET PODIUM AND SIGN

Each Staging Area requires one (1) Valet Parking Podium meeting the following specifications:

- The Valet Parking Podium, cabinet or other structure(s) shall be removable. Provide dimensions of all temporary structures placed on the right of way. (cones, signs, podium, key cabinet etc)
- The Valet Parking Podium shall bear a sign, not to exceed the height and width of the Valet Parking Podium, conspicuously identifying, in letters not less than one and one-half (1½) inches tall, the name and phone number of the Valet operator for the Valet parking operation. No sign other than the one required to be mounted on the Valet Parking Podium shall be permitted.

EXAMPLE OF QUEING AREA INDICATING PODIUM, SIGNAGE AND DIMENSIONS



Return to:
City of Tampa
Mobility Department
Right-of-Way Permitting Section
306 E Jackson St, 4E
Tampa, FL 33602

Parcel Folio #:
Address:

HOLD HARMLESS, MAINTENANCE AND INDEMNIFICATION AGREEMENT

THIS AGREEMENT is made as of this ____ day of _____, 20____, by _____ with an address of _____ (hereinafter referred to as "**APPLICANT**"), in favor of the City of Tampa, 315 E. Kennedy Blvd., Tampa, Florida 33602 (hereinafter referred to as "**CITY**").

W I T N E S S E T H:

WHEREAS, the APPLICANT has applied to the City for a **VALET OPERATOR** permit in accordance with a permit application submitted to the CITY which permit application is incorporated herein by this reference ("**Proposed Permit**"); and

WHEREAS, the Proposed Permit includes activities and/or installation of improvements in or on public right-of-way, including, without limitation, _____; and

WHEREAS, the CITY is willing to issue the Proposed Permit for such activities and/or installations in the public right-of-way provided that the APPLICANT agrees to maintain the improvements, waive any liability that the CITY may have and to indemnify and hold the CITY harmless from any liability that may arise as a result of issuing a permit for such activity and/or installation in or on public right-of-way.

NOW, THEREFORE, in consideration of the recitals set forth above, which are incorporated into the body of this Agreement by reference, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the parties hereto, the APPLICANT hereby agrees as follows:

1. The APPLICANT hereby waives, relinquishes, absolves, and discharges the CITY from any and all liability, damages, costs and expenses of any nature whatsoever resulting directly or indirectly from the issuance of a permit by the CITY for the above described activity and/or installation on public right-of-way, including, without limitation any injuries or damages that APPLICANT and the employees, contractors, subcontractors, invitees and guests of the APPLICANT may suffer or incur in connection with the issuance of the above described permit by the CITY.
2. The APPLICANT shall defend, hold harmless, and indemnify the CITY from and against any and all liability, losses, claims, damages, costs, attorney(s) fees (at trial or on appeal) and expenses of whatever kind or nature which the CITY may sustain, suffer or incur, or be required to pay due to damages or losses suffered by any person, including without limitation, the employees, contractors, subcontractors, invitees and guests of the APPLICANT arising out of the issuance of the above described permit or in connection with the use of the public right-of-way by the APPLICANT as a result of the issuance of said permit.
3. IT IS UNDERSTOOD AND AGREED that this hold harmless and release of claims is intended to cover ALL CLAIMS, KNOWN OR UNKNOWN, including claims for both PERSONAL INJURIES and PROPERTY DAMAGE. This hold harmless and release of claims is further intended to release from all actions, arising either directly or indirectly out of the issuance of the above described permit or in connection with the use of the public right-of-way by the APPLICANT as a result of the issuance of said permit, as now appearing or as may appear at any time in the future, including but not limited to personal injury and/or property damage.

4. The APPLICANT shall provide the CITY with evidence of a commercial general liability insurance policy covering bodily injury, death and property damage with a limit of not less than \$1,000,000.00 for each occurrence and a \$2,000,000.00 annual aggregate in connection with the above described activity, installation, maintenance, and use of the above described structure in the public right-of-way. Such insurance policy shall be issued by a company authorized to conduct business and to provide insurance in the State of Florida and which is acceptable to the City of Tampa. The insurance policy shall also provide: (a) that the City of Tampa is named as an additional insured; (b) for severability of interest; and (c) thirty (30) days prior written notice from the insurance company to the City of Tampa of any proposed termination, cancellation or material change in the insurance coverage or limits. The insurance coverage required herein shall be primary to any insurance carried by the City of Tampa or any self-insurance of the City of Tampa. The insurance coverage and limits required herein shall be evidenced by a properly executed certificate of insurance on a form or on forms furnished or required by the City of Tampa. The Applicant or its successor in interest shall maintain said insurance and provide the City of Tampa with evidence thereof as a condition precedent to the erection of the above described structure in the public right-of-way and thereafter for so long as the structure continues to exist. This policy must not exclude explosion and collapse coverage.
5. All Contractors, and its subcontractors of every tier, are required to secure and maintain Workers Compensation Insurance as required by statute throughout the installation of the above described structure in the public right of way.
6. The APPLICANT shall repair any damage caused to the public right-of-way arising from the APPLICANT's use of the public right-of-way pursuant to the permit.
7. The APPLICANT shall have a continuing duty and obligation to maintain the improvements in good repair. In the event the improvements are not maintained in good repair, the City shall provide notice thereof to the property owner whom shall then take prompt necessary action to affect repairs. In the event APPLICANT or successor fails to promptly repair, or in the event the conditions of the improvements are a danger to public safety, then the City shall affect repairs at the cost of the APPLICANT or successor in interest.
8. The APPLICANT agrees that should the CITY, acting through its designated Official, determine that the subject right of way is needed for right of way purposes the above described structure will be removed at the expense of the APPLICANT's or its successor in interest.
9. This AGREEMENT shall constitute a covenant running with the land and be binding on all successors and assigns in title to the property receiving benefit of the permitted activity.

IN WITNESS WHEREOF, the APPLICANT has executed this Agreement as of the date set forth above.

WITNESSES:

Name: _____
(Print/Type Name)

Name: _____
(Print/Type Name)

APPLICANT:

(Name of Applicant if an organization)

Name: _____
(Print/Type Name)

Title: _____
(if applicable)

STATE OF FLORIDA:
COUNTY OF HILLSBOROUGH:

THE FOREGOING INSTRUMENT was acknowledged before me this _____ day of _____, 20 __, by
_____ of _____ who is
_____ personally known to me or
_____ who provided identification.

(AFFIX NOTARY SEAL OR STAMP)

Name: _____
(Print or Type Name)
Notary Public, State of Florida
Serial No. _____
My Commission Expires: _____

APPROVED AS TO FORM:
Julie Hardy
Assistant City Attorney

THIS IS A FORM DOCUMENT THAT MAY BE COPIED OR REPRODUCED WITHOUT PRIOR APPROVAL FROM THE CITY OF TAMPA, PROVIDED, HOWEVER, THAT ANY REPRODUCTION IS LIMITED TO COPYING OR MODIFICATION OF THE FONT SIZE, STYLE, OR FORMAT OF THE DOCUMENT. ANY MODIFICATION TO THE SUBSTANTIVE LANGUAGE AND PROVISIONS HEREIN ALTERING, LIMITING OR OTHERWISE AFFECTING THE INTENT OF THIS INSTRUMENT TO COMPLETELY ABSOLVE THE CITY OF TAMPA FROM LIABILITY FOR DAMAGES OR INJURIES TO PERSON OR PROPERTY ARISING DIRECTLY OR INDIRECTLY FROM ACTIVITY CONDUCTED PURSUANT TO ISSUANCE OF THE PERMIT, OR ACTIVITIES CONDUCTED IN VIOLATION OF CONDITIONS OF THE PERMIT, SHALL BE PROHIBITED. **IF YOU DO NOT UNDERSTAND ANY TERM OR CONDITION OF THIS DOCUMENT, PLEASE SEEK CONSULTATION WITH A LAWYER.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ABC Insurance Agency 1234 Insurance Street Tampa, FL 33602 555-555-1212	CONTACT NAME: PHONE (A/C, No, Ext): 123-465-7890 FAX (A/C, No): E-MAIL ADDRESS:														
INSURED ABC Contractor 9873 Contractor Street Tampa, FL 33606	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : A.M. Best B+ VII or Better Insurance Carrier</td><td></td></tr><tr><td>INSURER B : A.M. Best B+ VII or Better Insurance Carrier</td><td></td></tr><tr><td>INSURER C : A.M. Best B+ VII or Better Insurance Carrier</td><td></td></tr><tr><td>INSURER D : A.M. Best B+ VII or Better Insurance Carrier</td><td></td></tr><tr><td>INSURER E : A.M. Best B+ VII or Better Insurance Carrier</td><td></td></tr><tr><td>INSURER F : A.M. Best B+ VII or Better Insurance Carrier</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : A.M. Best B+ VII or Better Insurance Carrier		INSURER B : A.M. Best B+ VII or Better Insurance Carrier		INSURER C : A.M. Best B+ VII or Better Insurance Carrier		INSURER D : A.M. Best B+ VII or Better Insurance Carrier		INSURER E : A.M. Best B+ VII or Better Insurance Carrier		INSURER F : A.M. Best B+ VII or Better Insurance Carrier	
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INSURER F : A.M. Best B+ VII or Better Insurance Carrier															

COVERAGES

CERTIFICATE NUMBER:NMS79YMU

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			123456789	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Tampa is named as an Additional Insured as respects General Liability insurance coverage(s) above, as required by written contract.

CERTIFICATE HOLDER

City of Tampa
Mobility Department
306 E Jackson St, 4E
Tampa, FL 33602

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Authorized Signature must appear here