

Cíty Of Greensboro

North Carolina

GREENSBORO Application for Valet Parking Permit

I	General Information	Include \$200 filing fee with your application (Check payable to the City of Greensboro)			
	Applicant:	Age:	Busi	ness Name	:
	Address:				Telephone No:
	Company Name:	Contact Name:			
	Company Address:	Telephone No:			
	turpitude?	nny ever been convicted of a fo	elony or a violat	ion of any	naracotic law, or a crime involving moral
II Valet Locations and Operation Hours					
	Valet Service Locations				
					Friday Saturday Sunday
	Hours of Operation:	Froman	n/pm To		am / pm
	Picture of Uniform with	Company Insignia Yes	No_		
III Application and Valet Company Signature					
	I certify the information g	iven is correct and I do not begi	in valet parking u	ntil an appi	roved permit is received.
	Signature:			_	•
IV	Email Questions to ro	bin.davenport@greensbore	o-nc.org or ca	II: (336) 3	73-2156
 1 A copy of the Certificate of Liability Insurance Policies is included with this application. These policies are in effect and can not be cancelled without thirty days (30) written notice to the City. The policies shall have coverage limits of not less than \$1,000,000 for death or injury in any one occurrence, and property damage coverage of not less than \$100,000. 2 Please mail completed application to: Parking Operations, City of Greensboro, P.O. Box 3136, Greensboro, NC 27402 or deliver to 300 W. Washington Street, Transportation Department, Greensboro, NC 27402 					
	OFFICE USE ON				Validation:
	Approved De	nied			
	Reviewed by	Date			
	Reason(s) Denied				