

**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: \_\_\_\_\_