	& MULTI	MODAL INFRASTRUCT	U <b>RE</b>
	750	) South 5 <sup>th</sup> Street	
	Nas	shville, TN 37206	
	APPLICATIO	ON FOR VALET PARKING	
(Plea	se type or print)		DATE:
1.	APPLICANT: EI	MAIL:	PHONE:
2.	NAME OF BUSINESS:		
3.	ADDRESS:	ZIP:	
1.	NAME OF VALET PARKING CO.:	PHONE	E:
5.	ZONE TO BE LOCATED ON	SIDE OF	
	(N, E, S, W)		
<b>à</b> .			
	NUMBER OF VALET PARKING SPACES REQUEST		
•	INDICATE HOURS OF OPERATION:	11:00 AM TO 2:00 PM	
		6:00 PM TO MIDNIGHT	
8.	LOCATION CARS TO BE PARKED:		
).	NAME OF INSURANCE COMPANY:		
	ADDRESS:		PHONE:
).	ATTACH CERTIFICATE OF INSURANCE WITH APP I understand the rules and regulations re requirements contained therein.		ee to abide by all
	Signature of Applicant	Date	
	(For	rOffice Use Only)	
• TI	RAFFIC AND PARKING COMMISSION APPROVAL:	RES NO	DATE:
	UMBER OF VALET PARKING SPACES APPROVED:		