

# ***Metro Nashville*** ***Public Works***

Improving the Quality of Life for Nashvillians and our Visitors

750 SOUTH FIFTH STREET  
NASHVILLE, TN 37206

## **APPLICATION FOR VALET PARKING**

(PLEASE TYPE OR PRINT)

DATE: \_\_\_\_\_

1. APPLICANT: \_\_\_\_\_ Email: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. NAME OF BUSINESS: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. NAME OF VALET PARKING CO.: \_\_\_\_\_ PHONE: \_\_\_\_\_

(IF APPLICABLE)

5. ZONE TO BE LOCATED ON \_\_\_\_\_ SIDE OF \_\_\_\_\_  
(N, E, S, W)

\_\_\_\_\_ FT \_\_\_\_\_ OF \_\_\_\_\_  
(N, E, S, W)

IN FRONT OF (ADDRESS) \_\_\_\_\_

6. NUMBER OF VALET PARKING SPACES REQUESTED: \_\_\_\_\_

7. INDICATE HOURS OF OPERATION: 11:00 AM TO 2:00 PM \_\_\_\_\_  
6:00 PM TO MIDNIGHT \_\_\_\_\_  
OTHER \_\_\_\_\_

8. LOCATION CARS TO BE PARKED: \_\_\_\_\_

9. NAME OF INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

10. ATTACH CERTIFICATE OF INSURANCE WITH APPLICATION.

I understand the rules and regulations regarding valet parking and I agree to abide by all requirements contained therein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(For Office Use Only)

- TRAFFIC AND PARKING COMMISSION APPROVAL: RES NO. \_\_\_\_\_ DATE: \_\_\_\_\_
- NUMBER OF VALET PARKING SPACES APPROVED: \_\_\_\_\_
- ATTACH APPROVED COPY OF CERTIFICATE OF INSURANCE