

EXHIBIT D

CITY OF POMPANO BEACH VALET PARKING APPLICATION



100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4679 **Fax:** 954.786.4666

VALET OPERATIONS PERMIT AND BUSINESS TAX RECEIPT APPLICATION

Date Submitted: _____

Application: New ____ Amendment ____ Renewal ____

Temporary Non Residential Permit? Y ____ N ____

Temporary Special Event Permit? Y ____ N ____

Areas Used: Private Property ____ Public Property ____ Right of Way ____

Applicant/Business Information

(Please Print)

Name _____ Email: _____

Owner/Principal Officer: _____

Address _____

City _____ State _____ Zip _____

Phone # (M-F, 8am-5pm) _____ Alt. # (during valet operation) _____

Fax # _____ City Business Tax Receipt # _____

Corporate Information

Corporate Name _____

Federal ID or SSN: _____

Type of Ownership: Corporation ____ LLC ____ Partnership ____ Sole Proprietor ____

Note: Application must be signed off by a Owner, Partner, or Corporate Officer.

Business Entity/Person Serviced by Valet Operation if other than Applicant:

(Use separate application for each location)

Name _____ Email: _____

Address _____

City _____ State _____ Zip _____

Contact Person and Number _____

Valet Operation

For the applicable days and hours of the valet operation, list the estimated number of vehicles during the peak time period, the number of valet attendants that will be assigned during that period, number of parking spaces required for the valet ramping and storage areas:

Please indicate the number of parking spaces that are privately owned, public, or leased from other sources.

Day(s) of the Week	Hours of Operation (Ex.8pm-10pm)	Max. No. of Vehicles During Peak Hour	# of Attendants Provided	No. of Parking Spaces for Ramping	No. of Parking Spaces for Storage

Provide the Location/Address of Valet Operation (include the ramping and storage area):

Notes or Additional Information for Consideration:

Additional Information or Documents (Please provide where applicable)

1. Copy of Insurance Certificate (Use of public areas or right of way, will require naming City as additionally insured).
2. Copy of the agreement providing valet services at the particular location as well as any agreement authorizing use of areas for ramping and storage.
3. Valet Operations Plan illustrating the valet stand, ramping and storage areas, and the public streets utilized in traveling from ramping area to storage area (label all streets).

Temporary Permits Only

Date of last temporary permit granted for this location _____

Homeowners/Condo Association contact:

Name _____ Title: _____ Phone _____

Fee

Proposed Valet Service Charge: Minimum \$ _____ Maximum \$ _____

Basis for Compensation: Hourly _____ Flat _____ Other _____

(if other, please explain) _____

Acknowledgement

I, _____, individually or on behalf of the Applicant, am authorized to submit this application and requested information and documents, and that such information and documents are true and correct. I understand and acknowledge that any information or documentation that is determined a misrepresentation, misleading, or false may result in this application being denied.

Date: _____ Signature: _____

SWORN AND SUBSCRIBED before me this _____ day of _____, 20 _____, in

_____, _____ County, _____.

Notary Public, State of Florida
My Commission Expires

☐ Personally know to me, or

☐ Produced identification: _____

(Type of Identification Produced)

Check list of items to include with Valet Parking Permit Application:

- ☐ 1. Current liability insurance Certificate in accordance with the provisions of Sec. 77.11
- ☐ 2. Site plan of valet operations area including:
 - a. a sketch or drawing of the valet operations area with dimensions including, but not limited to, fire hydrant and fire connection locations
 - b. the dimension of the inside and outside customer floor areas and seating capacity for the business(s) to be served by the valet operator
 - c. the frontage (linear feet) of the business to be served by the valet operator and the estimated maximum rate of vehicle arrivals and departures within a 15 minute period
 - d. size and location of ramping area and photos of proposed ramping area including dimensions and the location of proposed and marked public parking spaces
 - e. drawing of traffic device placement in ramping area
 - f. location of existing and proposed off-street vehicle storage area(s)
 - g. a valet operations route map showing the roads being used from ramping area to storage area and back to the ramping area.
- ☐ 3. Letter from Person, Business, or Event to be serviced by valet operator evidencing authority to conduct valet operations at the location(s).
- ☐ 4. **A non-refundable application fee of \$250.00 for the initial permit or \$150.00 for permit renewals for the same location. Temporary valet operations permits require a \$25.00 non-refundable application fee.**
- ☐ 5. **Zoning and Business Tax Receipt fees for valet services are initially \$30.00 and then \$127.63 annually, unless modified by the City Commission. For BTR applications submitted after April 1st, the BTR fee will be reduced by half until 9/30.**

If the application has insufficient space for you to complete any item, you may attach additional sheets that are labeled with the applicant's name and applicable section of the application.

Note: The Valet Operations Permit and Business Tax Receipt application must include all required attachments before acceptance.

Note: If the applicant is leasing public parking spaces for storage or ramping, there will be a separate agreement and fee for the use of public spaces.



VALET OPERATION APPLICATION EVALUATION

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)

Parking Administrator	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Zoning Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Engineering Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Building Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Police Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Risk Management:	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Fire Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
BTR Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Other Dept.	Approved: _____	Denied: _____
Printed name: _____	Date: _____	
Final Approval Date:	Expires:	
Total Ramping Fee: \$	Permit #	
Total Storage Fee: \$	Permit #	

Note: This review by “Zoning” is the required “Zoning Use Certificate.”

Reason(s) for Denial:

EXHIBIT E

INSURANCE

STANDARDIZED INSURANCE REQUIREMENTS OF THE CITY OF POMPANO BEACH

Insurance

The vendor shall not commence operations, labor, construction and/or installation of improvements to complete this project until certification or proof of insurance, detailing terms and provisions of coverage, has been received and approved by the City of Pompano Beach Risk Management Division.

The following insurance coverage shall be required.

- A. Workers' Compensation Insurance for all its employees in accordance with the requirements of Florida Statute, Chapter 440. The Contractor further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.
- B. Public Liability & Auto Liability Insurance
 - 1) Naming the City of Pompano Beach as an additional insured in connection with the work being done under this contract.
 - 2) The types of insurance and minimum policy limits that are required are indicated by "XXXX" below.

LIMITS OF LIABILITY

Type of Insurance	each occurrence	aggregate
PUBLIC LIABILITY		
XXXX comprehensive form		
XXXX premises - operations	Bodily Injury \$1,000,000.	\$1,000,000.
_____ explosion & collapse hazard	Property Damage \$1,000,000.	\$1,000,000.
_____ underground hazard	-- or --	
XXXX products (if items are sold)	Bodily Injury and	
XXXX contractual insurance	Property Damage	
_____ liquor legal (if items are sold)	Combined \$1,000,000.	\$1,000,000.
XXXX independent contractors		
_____ Personal injury	Personal Injury \$1,000,000.	\$1,000,000.

AUTOMOBILE LIABILITY

		Bodily Injury (each person)	\$1,000,000.	
XXXX	comprehensive form	Bodily Injury (each accident)	\$1,000,000.	\$1,000,000.
_____	owned	Property Damage	\$1,000,000.	\$1,000,000.
_____	Hired	-- or -- Bodily Injury and		
_____	Non-owned	Property Damage combined	\$1,000,000.	\$1,000,000.

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EXCESS LIABILITY

_____	Umbrella form	Bodily injury and Property damage		
_____	other than umbrella	Combined	\$2,000,000.	\$2,000,000.

The certification or proof of insurance must contain a provision for notification to the City thirty (30) days in advance of any material change in coverage or cancellation.

Firm shall furnish to the City the certification or proof of insurance required by the provisions set forth above, within five (5) days after notification of award of contract.

Mail certificate(s) to: City of Pompano Beach, Attention Risk Manager, P.O. Box 1300, Pompano Beach, Florida, 33061.