



**VALET PARKING ANNUAL RENEWAL APPLICATION**  
**FEE \$150.00**

Applicant Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Franchise Operator: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Address/Valet location: \_\_\_\_\_

Name of partnership/corporation: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
List officers/partners: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Certificate attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Provide workers comprehensive and employers liability insurance in the minimum amount of \$1,000,000 per person/occurrence. General liability insurance in the minimum amount of \$1,000,000 per person/occurrence covering bodily injury and property damage resulting from the valet parking operator's ramping and storing of vehicles on public property. Garage keepers legal liability insurance in the minimum amount of \$250,000 per location/occurrence with maximum deductible of \$1,000 to provide collision and comprehensive coverage for vehicles under the control of the valet parking operator.

**Please confirm there have been no changes to the following:**

Operation plan:	No changes _____	Changes _____
Traffic plan	No changes _____	Changes _____
Partnership or corporation	No changes _____	Changes _____
Insurance company	No changes _____	Changes _____
Amount of required insurance	No changes _____	Changes _____

*Any changes require approval by the Ocala City Council.*

## Acknowledgement

All valet drivers/employees (excluding the owners/partners/officers) shall provide a FDLE Criminal History Information Report prior to the renewal valet parking franchise renewal and issuance of the business tax certificate. In addition, please complete the Ocala Police Department background check and social security collection forms for each driver.

I swear/affirm that all written statements made by me on this application are true and complete. I understand that any omitted, false, or incorrect statements made in connection with my application may stop the processing of this application or result in the revocation of an existing franchise, and have read and understand the regulations pertaining to this franchise. I further understand that the franchise is required to abide by all regulations contained in Article II of Chapter 22, Code of Ordinances, City of Ocala, Florida, and that failure to do so could result in revocation of said franchise.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

## Notary

State of Florida

County of Marion

Sworn to/affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_,  
*(Name)* *(Title)* *(partnership/corporation)*

who is personally known to me or who has produced the following as identification

\_\_\_\_\_.

Notary public \_\_\_\_\_ (SEAL)