



Administrative Services
 Department
 Parking Division
 2100 Ridge Avenue
 Evanston, Illinois 60201
 847-443-4311

VALET PARKING PERMIT VALID from _____ thru _____

BUSINESS INFORMATION

Applicant Name: _____

Company: _____

Address: _____

Phone Number: _____ fax: _____

E-Mail: _____

FOR CITY USE ONLY

PERMIT NUMBER

DATE APPLICATION RECEIVED

DATE APPLICATION APPROVED

APPROVED BY

PERMIT FEE

PAYMENT DATE

cash check credit

METHOD OF PAYMENT

RECEIPT NUMBER Internal

Account No.505.19.7005.56045

VALET INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Number: _____

Location where vehicles will be stored: _____
(Include contract or agreement letter for use of parking facilities)

Location where transfer will take place: _____
(List meter numbers if in metered spaces)

Days and hours of operation: _____

LIABILITY WAIVER (TO BE SIGNED BY AUTHORIZED COMPANY REPRESENTATIVE)

I request permission to offer valet parking for our guest in accordance with Section 7-2-6 of the City Code. For consideration of such permission, I hereby fully release and discharge the City of Evanston, its officers, agents and employees from any and all claims from injuries, including death, damages or losses, which may arise or which may be alleged to have arisen out of, or in connection with, the valet parking operation.

I further agree to indemnify and hold harmless and defend the City of Evanston, its officers, agents and employees, from any and all claims resulting from injuries, including death, damages or losses, including, but not limited to the general public, which may arise or which may be alleged to have arisen out of, or in connection with the valet operation.

Date: _____

_____ signature of authorized company representative