



City of Seattle
VALET PARKING SPECIAL EVENT APPLICATION

Return To:

Seattle Special Events Office
P.O. Box 94708
Seattle, WA 98124

Phone: 206-684-8017
Fax: 206-684-0379
Email: specialeventsoffice@seattle.gov

This application must be completed, signed and forwarded to the Seattle Special Events Office **at least ten (10) working days prior to the event**. Any misrepresentation in this application or deviation from the final agreed upon method of operation described herein may result in the immediate revocation of the permit. Please type or print information clearly.

EVENT INFORMATION					
EVENT NAME:					
Event Address:					
Event Date:	Day:	Date:	Event Hours:	Start Time:	End Time:
Event Setup Times:	Begin:	Dismantle:	Event Crowd Size:	Participants:	Vehicles:
Valet Parking Location (Street):					
Where will the vehicles be parked during the event?					
How many parking spaces are available?					
Please list all street parking meter numbers and parking zones (metered/passenger/commercial) used:					
Off Street Parking Lot Contact:		Name:		Phone:	
MAP REQUIRED	Attach a legible drawing outlining your event location and requested parking spots. <i>Include street names with directional arrows</i>				
APPLICANT INFORMATION					
VALET COMPANY:					
Mailing Address:		Street Address			
		City, State, Zip			
Applicant Contact:		Name:		Title:	
Phone:		Cell:		Email:	
INSURANCE	Insurance is required prior to the event. A Special Event Permit will not be issued until all insurance requirements have been received, verified and approved.				
<ul style="list-style-type: none"> • CGL LIMITS \$1,000,000 CSL PER OCCURRENCE. Minimum Garage Keepers Legal Liability limits of \$150,000 any one vehicle/\$500,000 any one loss. • “CITY OF SEATTLE” NAMED AS AN “ADDITIONAL INSURED” UNDER A FORM # CG 20 12, CG 20 26 OR EQUIVALENT. NOTE: The permit holder does not lease or rent premises from, or perform work for, the City and a permit is NOT a written agreement. Additional Insured language with these restrictions cannot be approved. • INCLUDE A COPY OF THE ACTUAL “ADDITIONAL INSURED” POLICY ENDORSEMENT THAT MEETS THE ABOVE REQUIREMENTS. Must include Policy Number and “CITY OF SEATTLE” under schedule. • CERTIFICATE HOLDER: The City of Seattle, P.O. Box 94669, Seattle, WA 98124-4669 FOR NOTICE OF CANCELLATION PURPOSES ONLY! DO NOT MAIL CERTIFICATION TO THE CITY. 30 DAY PRIOR WRITTEN NOTICE OF CANCELLATION - 10 DAYS FOR NON-PAYMENT OF PREMIUM. E-MAIL INSURANCE DOCUMENTS TO: specialeventsoffice@seattle.gov or FAX TO: 206-470-1280 					
PAYMENT	Payment of \$93.00 must be submitted with this application by check, or call the office to pay with VISA/MasterCard.				
SIGNATURE	I certify that the information that we have provided on this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly. All information contained in this application is subject to public disclosure.				
Applicant Signature				Today's Date:	
Applicant Printed Name					