



VALET PARKING PERMIT REQUIREMENTS

All valet operation is subject to the rules and regulations of the City of Burbank's Valet Parking Ordinance (BMC Title 6, Chapter 1, Article 29).

All forms shall be filed with CDD Transportation thirty (30) days prior to the date requested for issuance of the permit. The following documents must be attached to the Valet Parking Permit Application to be considered complete and ready for review:

Executed Certification of Insurance:

Please see attached sample for correct minimum coverage amounts and notes that are REQUIRED.

Business Tax Receipt:

A copy of your Business Tax Receipt must be included with your application package.

Storage permission from the parking property owner:

A copy of a written contract, license, or lease between you (or your establishment) and the owner of any parking facility or storage area designated as the vehicle storage location.

Detailed Valet Operation Map:

A circulation map indicating the routes to be used between the passenger loading zone and the vehicle storage location, and back to the initial drop-off location (please see the attached Sample Valet Operation Map for reference).

FEE SCHEDULE

All fees are payable as defined in the City of Burbank Fee Schedule (FY22-23).

| | |
|----------------------------------|-------------|
| Valet Parking Permit Application | \$324.00 |
| Annual Renewal | \$162.00 |
| Temporary Valet | \$324.00 |
| No Parking Signs (if needed) | \$1.00/each |

All fees are non-refundable and must be paid in-person at the Community Services Building.



INSURANCE REQUIREMENTS FOR VALET PARKING PERMITS

For purposes of issuing Valet Parking Permits, the Community Development Department requires applicants to furnish the City evidence of public liability insurance, in the form of (A) Certificate of Insurance and (B) Additional Insured Endorsement, prepared by their insurance company/agency, with information as indicated below:

1. Companies Affording Coverage
2. Named Insured
3. Policy Number
4. Effective and Expiration Dates
5. Signature of insurance agent or representative of the company affording coverage
6. The City of Burbank, its officers, and representatives named as Additional Insureds
7. Cancellation to read: "Should any of the above described policies be cancelled or modified before the expiration date thereof, the issuing company will mail 30 days written notice to the Certificate Holder"

(A) – CERTIFICATE OF INSURANCE preferably in the Acord form (see sample) shall contain, among other information, the following:

- a. Minimum coverage limits of:
\$1,000,000 aggregate General Liability (Applicable to all Permits)
- b. The CERTIFICATE HOLDER must be listed as:
City of Burbank
275 E. Olive Ave.
Burbank, CA 91502

(B) – ADDITIONAL INSURED ENDORSEMENT naming the City of Burbank as additional insured, in **either** the Form prepared by the City Attorney **or** the industry Form CG 20 12, applicable for the issuance of Permits (see forms samples attached herewith)

Both items **(A)** and **(B)** must be submitted. If either item is lacking or is not in the appropriate form, your liability insurance will not be on file with the City of Burbank, Community Development Department, and the Permit applied for will not be issued.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| PRODUCER INSURANCE AGENT/COMPANY NAME INSURANCE AGENT/COMPANY ADDRESS INSURED INSURED NAME INSURED ADDRESS (MUST MATCH NAME OF PERMITTEE) | CONTACT INFO CONTACT NAME: PHONE (A/C, No., Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td>INSURER A: INSURANCE COMPANY NAME(S)</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: INSURANCE COMPANY NAME(S) | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: INSURANCE COMPANY NAME(S) | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|--------------------|----|----------------------------|----|-----------------------------|----|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y | | PROVIDE POLICY NUMBER | EFF DATE | EXP DATE | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ \$ | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N | N / A | | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">WC STATUTORY LIMITS</td> <td style="width: 40%;">OTHER</td> </tr> <tr> <td>E.I. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.I. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.I. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.I. EACH ACCIDENT | \$ | E.I. DISEASE - EA EMPLOYEE | \$ | E.I. DISEASE - POLICY LIMIT | \$ |
| WC STATUTORY LIMITS | OTHER | | | | | | | | | | | | | | |
| E.I. EACH ACCIDENT | \$ | | | | | | | | | | | | | | |
| E.I. DISEASE - EA EMPLOYEE | \$ | | | | | | | | | | | | | | |
| E.I. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER CITY OF BURBANK 275 E. OLIVE AVE. BURBANK CA 91502 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MUST BE SIGNED |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

CITY OF BURBANK, ITS OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

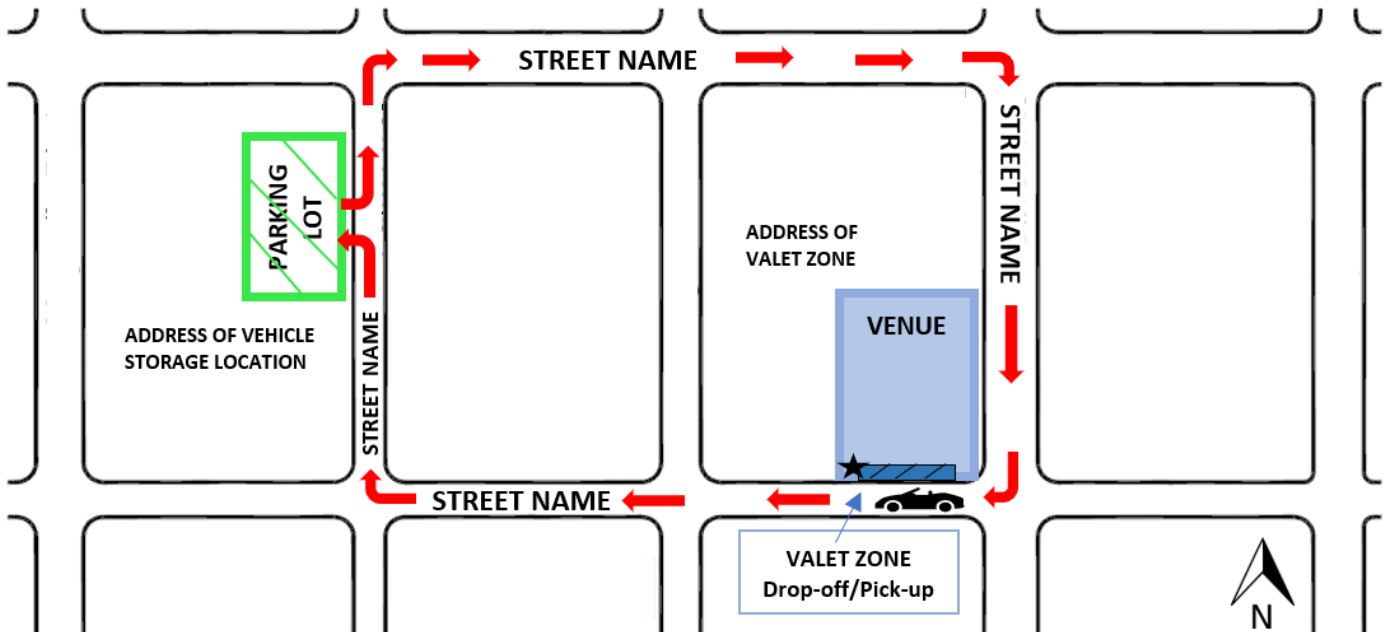
This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



SAMPLE VALET OPERATION MAP

Illustrate the proposed Valet operation on an aerial map.

- Indicate proposed Valet Zone. Use a star to mark the start of the Valet Zone area and stand/podium.
- Include the address for both the Valet Zone and the vehicle storage location.
- Use directional arrows (→) showing the legal driving route from the Valet Zone to the off-street storage location(s) and back to the Valet Zone.
- Provide additional operation plans if more than one vehicle storage location is to be used and the alternative routes that will be required to access these sites legally.
- All traffic control must comply with approved plan and/or MUTCD.





VALET PARKING PERMIT RULES AND REGULATIONS

All valet operation is subject the rules and regulations of the City of Burbank's Valet Parking Ordinance (BMC Title 6, Chapter 1, Article 29).

PERMIT PROVISIONS AND RESTRICTIONS

1. The Operator shall not allow any person engaged in the valet parking service to either drive a vehicle of a customer, or handle keys of a vehicle of a customer, unless the Operator has certified that the person is at least 18 years of age and has a valid California driver's license. The operator shall submit to the Public Works Department, each month during the term of the permit, a list of employees, certifying by name of employee and dates of employment that these conditions have been met.
2. Operator shall provide adequate staffing to avoid queuing of cars in travel lanes and no double parking or blockage of lanes shall be allowed.
3. Operator shall keep sidewalk open and shall not interrupt pedestrian traffic.
4. Operator will use the specified route for travel between the vehicle drop-off/pick-up and storage area. All traffic rules and regulations shall be obeyed.
5. Operator shall not park valet vehicles on any public street, alley or in any off-street public parking facility at any time.

SUSPENSION AND REVOCATION OF PERMITS

1. A police officer may suspend all operations of a valet parking operator in any location, except for retrieval of vehicles already subject to valet parking, for the remainder of the day's hours of operation (which suspension may extend to 8:00 a.m. of the following day), upon the issuance, the operator or its employees, of two or more citations for violation of the California Vehicle Code in any 5-hour period in said location.
2. A police officer may suspend all operations of a valet parking operator in any location, except for retrieval of vehicles already subject to valet parking, for the remainder of the day's hours of operation (which suspension may extend to 8:00 a.m. of the following day), upon the occurrence, in said location, of any traffic collision arising out of operating conditions or where otherwise required because of an emergency situation or not arising from the operation of the valet parking operation.
3. The Public Works Director may suspend for the period of one year, or may revoke a valet parking permit if there is reasonable cause to believe that:
 - a. The operator or his/her employees, through carelessness, negligence or failure to make proper provision for the safeguarding of vehicles left in their custody, has facilitated or contributed toward the theft or conversion of any such vehicle; or

- b. The operator, or his or her agents or employees, has failed to cooperate with the Burbank Police Department in the investigation of any theft or other crime committed on a parking lot used or which arose out of the conduct of the business for which the permit was issued; or
- c. The operator, or his or her agents or employees, knowingly delivered a vehicle in their custody to a person who is neither the registered owner thereof not entitled to the custody of such vehicle.
- d. The operator does not have a valid permit from the City of Burbank.
- e. The operator has made a material misrepresentation in his/her application.
- f. The business or valet operation prescribed by the operator has substantially impacted traffic or disrupted the peace and quiet within any area of the City.
- g. The valet parking operation at the specified location(s) is found to be incompatible with other uses in the vicinity.
- h. The operator has violated any condition of a previous or existing permit within the City of Burbank during the past five years.
- i. The valet operation fails to comply with other criteria designated under Chapter 29 of the Burbank Municipal Code.
- j. The building, structure, premises or equipment used by the operator to conduct business fails to comply with all applicable health, zoning, fire, building and safety laws of the State or the City of Burbank.
- k. The Public Works Director shall notify a valet operator in writing when a permit is denied, suspended, or revoked.
- l. The valet operator has the right to appeal this decision to the Permits Appeals Panel in accordance with Title 2, Chapter 1, Article 15 of the Burbank Municipal Code.

FEE SCHEDULE

All fees are payable as defined in the City of Burbank Fee Schedule (FY22-23).

| | |
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| Valet Parking Permit Application | \$324.00 |
| Annual Renewal | \$162.00 |
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