



DOWNTOWN VALET PARKING PERMIT APPLICATION

Community Development Department • 110 E. Main Street, Los Gatos CA 95030 • 408.354.6874

Please see the attached policy for the list of required documents that must accompany this application. The cost of this permit will be equal to the time and materials necessary to process it. A deposit is required at the time of submittal, and the remaining fees will be due once calculated.

APPLICANT INFORMATION

Name: _____ Business Owner Property Owner Property Manager

Phone Number: _____ Email: _____

Name of Business requesting Valet: _____

Business Address: _____

Are there other businesses that reside at this address and share the parking lot you will be using for valet parking? Yes No

If yes, please list those business names, and attach a letter of support signed by each business owner:

Do you plan to utilize a private parking lot, other than the one associated with the business listed above, for the placement and storage of cars? Yes No If yes, please provide the business name and address:

I certify under penalty of perjury that all application information and accompanying materials are true and correct.

Signature of Applicant: _____ Date: _____

PROPERTY OWNER INFORMATION – IF DIFFERENT FROM APPLICANT

Name: _____ Phone Number: _____

Address: _____

Email: _____

I hereby certify that I am the owner of record of the property at: _____

_____ and approve of the action requested for a valet parking permit.

Signature of Property Owner: _____ Date: _____

VALET PARKING OPERATOR INFORMATION

Company Name: _____ Company Contact: _____

Address: _____

Phone: _____ Email: _____

Commercial License Number: _____

Please Note:

The information contained in this application is considered part of the public record. Therefore, it will appear in both the public record file for the site address, which is available upon request, and on the permitting system on the official Town of Los Gatos website at www.losgatosca.gov