

CITY OF BEVERLY HILLS SHORT-TERM VALET PARKING PERMIT APPLICATION

Please Type or Print All Information Requested & Email with Parking/Valet Route Map to valetpermits@beverlyhills.org



_Date: _____

Location/Event Name:	
Type of function:	
Address:	
Beverly Hills, CA 9021	
Contact Name:	
Telephone Number:	
Address of facility to be used for parking vehicles:	
restrictions on the specific streets to be used, map	
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(1) (2) Total number of parking spaces at each facility:	Į
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(1)= (2)= true and correct:	I I Y
Date of Application	
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Valet Permit Fee \$	
ration service must be obtained for this permit to be valid.	
	Beverly Hills, CA 9021 Contact Name: Telephone Number: Address of facility to be used for parking vehicles: (Identify parking structure or specific streets and list restrictions on the specific streets to be used, map does not exempt from these restrictions) Address of facilities to be used for parking vehicles: (1)(2) Total number of parking spaces at each facility: (1)=(2)= Total parking spaces reserved for valet: (1)=(2)= Total parking spaces reserved for valet: (1)=(2)= Date of Application LY BELOW THIS LINE) ***********************************

Police Department: