CITY OF DOVER

ANNUAL APPLICATION OF VALET PARKING SERVICES LICENSE

Dover City Clerk Municipal Building – 288 Central Avenue Dover, NH 03820-4169

(603) 516-6020

<u>PLEASE PRINT</u>	
Name of Business:	Telephone No
Business Address:	
Name and Address of Owner:	
	Telephone No
Location of service : (please draw a diagram on the back of the form or provide a se	eparate map)
Requested Effective Date of Operation: From:	To:
Days and Hours of Operation:	
*Certificate of Insurance: Yes No _ *Positive I.D. I HEREBY CERTIFY THAT THE ABOVE STAT Signature of Applicant:	
LICENSE FI	
\$100.00 per year to operate a val	let parking service for one location
\$50.00 per additional location	
Additional Fees (payable upo	n approval, if required)
Sign(s) installation \$	

This permit allows for the use of specific locations which have been approved by the Licensing Board. Failure to follow all safety recommendations will result in immediate revocation of permit.

The safety of customers and valets will be evaluated before approval. The licensing board may require valets to wear approved reflective clothing/vests and make use of traffic calming devices such as cones and signs at the operators cost.

RELEASE OF INFORMATION

I hereby, authorize the Dover Police Department to release any and all records (including criminal records) in my name. I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of, or resulting from the release of this information. I am willing that a Photostat of this authorization be accepted with the same authority as the original.

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