Application for Valet Zone - Temporary

APPLICANT INFORMATION: The Applicant listed here MUST sign on page 2 of this application. Applicant must provide Certificate of Insurance if not already on file. **Applicant Contact Information:** Company Name Brandon Blond Primary Contact Name Access Valet Parking Phone Number 512-775-5739 ____ Alternative Phone Number Mailing Address 14910 Hartsmith Dr. City Austin State TX Zip 78745 Email Address brandon@accessvaletparking.com PROPOSED ZONE INFORMATION: **Proposed Valet Location:** Block Number W 4th Street Name W 4th St. Number of Spaces Requested Curb Side (circle one) -- North South East West Block End (circle one) -- North South East West Midblock Pay Station or Meter Numbers: PS# / Meter # _____ PS# / Meter # ____ PS# / Meter # ____ PS# / Meter # ____ AND/OR Description of Unmetered Area _____ (If an area does NOT have marked parking spaces, then one space will be assessed for every 22 feet in curb length.) **Proposed Valet Time and Date:** Date(s): _____ From: _____ (am/pm) To: ____ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday



Austin Transportation Department

Right of Way Management Division P.O. Box 1088, Austin, Texas 78767

Application for Valet Zone - Temporary								
LICENSED VALET OPERATOR INFORMATION:								
The Valet Operator requesting the License will be the Permit Holder of record.								
Licensed Valet Operator Name Access Valet Parking #2017-054252								
Primary Contact Name Brandon Blond								
24 Hour Emergency Number 512-775-5739 Alternative Phone Number								
Mailing Address 14910 Hartsmith Dr. City Austin State TX Zip 78725								
Email Address _brandon@accessvaletparking.com								
Expiration date of Valet Operator Permit <u>5/23/26</u> Expiration date of Valet Operator Insurance <u>4/1/26</u> <u>VEHICLE STORAGE:</u>								
Will vehicles be parked on the Permit Holder's premises? ☐ Yes ☒ No								
(If you checked "Yes", no additional information required. If you checked "No", provide details below.)								
Parking Facility Location:								
Address 405 Colorado City Austin State TX Zip 78701								
Type of Parking Facility:								
Parking Garage ☐ Surface Lot Terms of Parking Facility Contract: Number of Spaces Available 90 Date of Contract 9/1/21 Term/Expiration Date of Contract 1/1/2025 Contact Information for Facility Owner Manager: Name Jim Riggio Phone Number 267-825-3398 Email Address jim.riggio@bdnriet.com **Provide current evidence of Contract with Parking Facility, if not already on file.** Man of vehicle routes to and from Valet Service area to Parking Facility Provided? ★ Yes ☐ No.								
Map of vehicle routes to and from Valet Service area to Parking Facility Provided? ☑ Yes ☐ No **Provide map of vehicle routes, if not already on file.**								
I declare that the information provided in this application is true and that I have read the Code of the City of Austin Section 13-5 as amended by Ordinance Number 031211-11, and I understand all conditions of this application as set forth herein and the City Code. I understand that no guarantee of approval is implied by the acceptance of this application, and that in order for this application to be completed the applicant must provide all additional information requested and that failure to provide the additional information will result in denial of the application. I also understand that the City is not responsible for any cost or inconvenience incurred by me if the application is denied.								
STATE OF TEXAS COUNTY OF SIGNATURE OF APPLICANT (MUST SIGN IN PRESENCE OF NOTARY)								
SWORN TO AND SUBSCRIBED BEFORE ME ON THE DAY OF,								

NOTARY PUBLIC SIGNATURE



CONTRACT #: VENDOR ID#: BUILDING ENTITY#: 770P

FIRST AMENDMENT TO PARKING FACILITY MANAGEMENT SUBCONTRACT AGREEMENT

THIS FIRST AMENDMENT TO PARKING FACILITY MANAGEMENT SUBCONTRACT AGREEMENT (this "Amendment") is entered into as of January 19, 2022, with an effective date as of February 1, 2022 (the "Effective Date") by and between BDN GC SERVICES, LLC, a Delaware limited liability company ("Operator"), and ACCESS VALET PARKING, LLC, a Texas limited liability company ("Subcontractor").

WHEREAS, Operator and Subcontractor entered into that certain Parking Facility Management Subcontract Agreement (the "<u>Current Contract</u>") September 16, 2021 to permit Subcontractor access to the Facility located at 405 Colorado Street, Austin, Texas 78701 to provide limited valet parking services to area restaurants. The Current Contract as amended by this Amendment is referred to herein as the "<u>Contract</u>".

WHEREAS, Operator seeks to increase the number of vehicles it can park at the Facility in connection with its valet services, and Operator and Subcontractor desire to amend the Current Contract upon the terms and conditions set forth herein;

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, and intending to be legally bound, Operator and Subcontractor agree as follows:

- 1. <u>Incorporation of Recitals; Definitions</u>. The recitals set forth above are incorporated herein by reference as if set forth in full in the body of this Amendment. Capitalized terms used but not otherwise defined herein have the respective meanings given to them in the Current Contract.
- 2. <u>General Scope</u>. As of the Effective Date, Section 3(a)(ii) of the Current Contract shall be removed in its entirety and replaced with the following:
 - 3(a)(ii) lunch shall consist of no more than 20 vehicles in the Facility at any given time. Dinner shall consist of no more than 70 vehicles in the Facility at any given time;
- 3. <u>Management Fee</u>. As of the Effective Date, Section 4(a) of the Current Contract shall be removed in its entirety and replaced with the following:

4(a)

- 4. Effect of Amendment; Ratification. Operator and Subcontractor acknowledge and agree that, except as provided in this Amendment, the Current Contract has not been modified, amended, canceled, terminated, released, superseded, or otherwise rendered of no force and effect. Nothing herein contained shall be construed to: (i) modify, waive, impair or affect any of the provisions contained in the Contract (except as may be expressly provided herein); (ii) waive any present or future breach of, or default under, the Contract or Operator's rights against any person or entity liable or responsible for the performance thereof; or (iii) enlarge or increase Operator's obligations or Subcontractor's rights under the Contract or otherwise except as expressly set forth herein. The Current Contract is hereby ratified and confirmed by the parties hereto, and every provision, covenant, condition, obligation, right, term, and power contained in and under the Current Contract continues in full force and effect, affected by this Amendment only to the extent of the amendments and modifications set forth herein. In the event of any conflict between the terms and conditions of this Amendment and those of the Current Contract, the terms and conditions of this Amendment control.
- 5. <u>Representations</u>. Each of Operator and Subcontractor represents and warrants to the other that the individual executing this Amendment on such party's behalf is authorized to do so. Subcontractor hereby represents and warrants to Operator that there are no defaults by Operator or Subcontractor

- under the Current Contract, nor any event that with the giving of notice or the passage of time, or both, will constitute a default under the Current Contract.
- 6. <u>Counterparts; Electronic Transmittal</u>. This Amendment may be executed in any number of counterparts, each of which when taken together will be deemed to be one and the same instrument. The parties acknowledge and agree that notwithstanding any law or presumption to the contrary, the exchange of copies of this Amendment and signature pages by electronic transmission will constitute effective execution and delivery of this Amendment for all purposes, and signatures of the parties hereto transmitted and/or produced electronically will be deemed to be their original signature for all purposes.

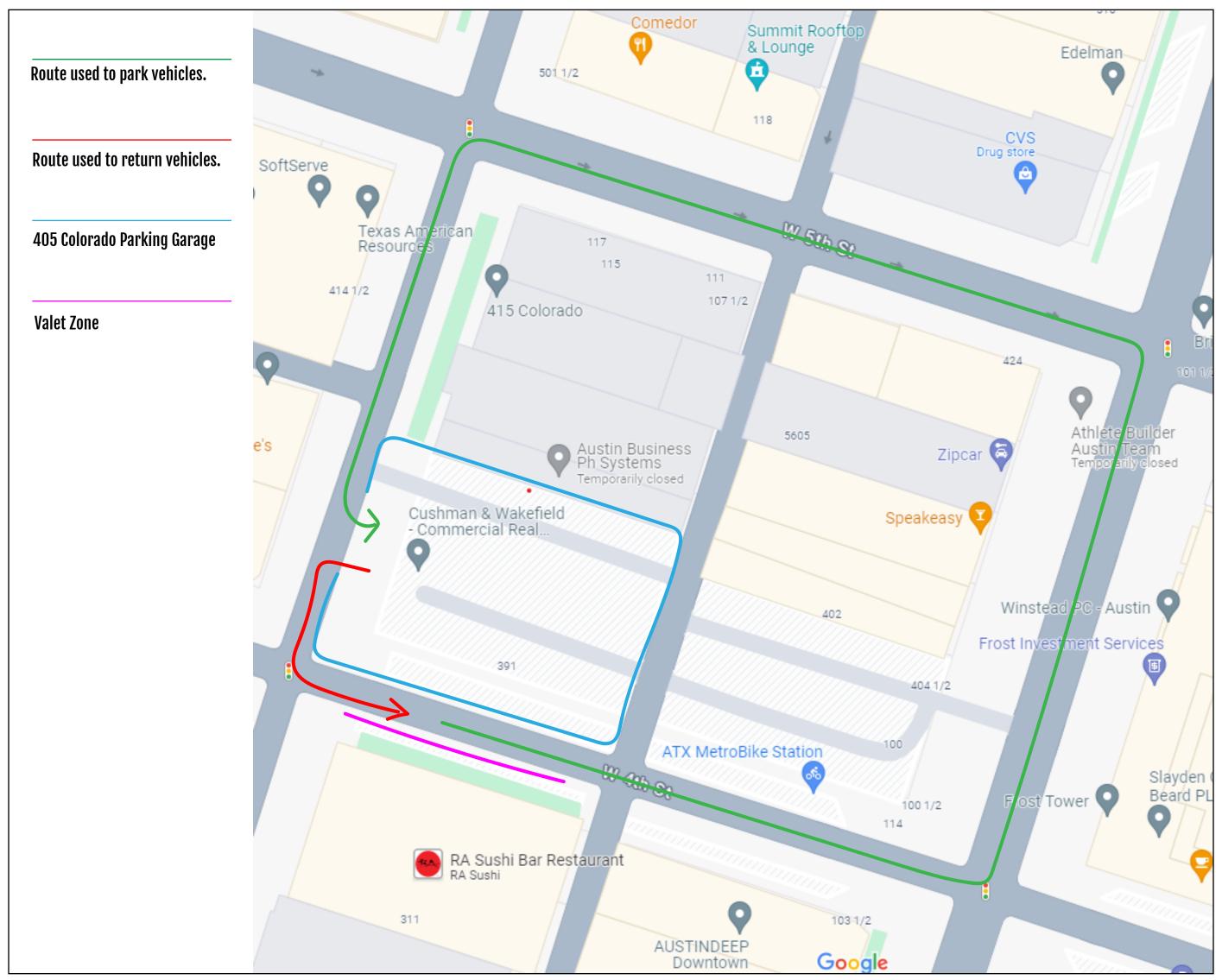
[SIGNATURES TO FOLLOW ON NEXT PAGE]

Title: Parking Operations Manager

IN WITNESS WHEREOF, Operator and Subcontractor have duly executed this Amendment on the date first above written.

OPERATOR:	SUBCONTRACTOR:
BDN GC SERVICES, LLC	ACCESS VALET PARKING, LLC
By:	By: Brandon Blond
Name: Jim Riggio	Name: Brandon Blond

Title: Owner





CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY) 04/04/2024

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER		CONTACT Mason Cervenka				
Germer Insurance Services		(A/C, NO, EXT):	396-4572			
San Marcos Division		E-MAIL ADDRESS: mason@germerinsurance.com				
221 North St.		INSURER(S) AFFORDING COVERAGE	NAIC#			
San Marcos	TX 78666	INSURER A: Atlantic Casualty Ins Co	42846			
INSURED		INSURER B: General Star Indemnity Co	11967			
Access Valet Parking, LLC		INSURER C: Texas Mutual Insurance Company	22945			
14910 Hartsmith Dr		INSURER D:				
		INSURER E :				
Austin	TX 78725	INSURER F:				
COVERAGES PROD / CUSTOMER ID: 00020594		CERTIFICATE #: CL239612083 REVISION #:				
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 AN	Y CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS				

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 INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GARAGE LIABILITY ANY AUTO HIRED AUTOS ONLY NON-OWNED						(<u></u>	AUTO ONLY (Ea accident)		1,000,000
Α	OWNED IN GARAGE AUTOS ONLY BUSINESS	Υ		2810004551-2	09/02/2023	09/02/2024	OTHER THAN EA ACCIDENT	\$			
	AUTOS ONET BOSINESS						AUTO ONLY AGGREGATE	\$			
	GARAGE KEEPERS LIABILITY						COMP/ LOC 1&2	\$	375,000		
A	LEGAL LIABILITY			2810004551-2	09/02/2023	09/02/2024	SPECIFIED LOC 3	\$	150,000		
l ^`	DIRECT BASIS			20100010012	00/02/2020	00/02/2021	COLLISION LOC 1&2	\$ \$	375,000		
	PRIMARY EXCESS						LOC 3	\$	150,000		
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
Α							MED EXP (Any one person)	\$	5,000		
		Υ		2810004551-2	09/02/2023	09/02/2024	PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		. — — 1						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							\$			
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$	5,000,000		
В	EXCESS LIAB CLAIMS-MADE			IXG671132C	09/02/2023	09/02/2024	AGGREGATE	\$	5,000,000		
	DED RETENTION \$						L JOSE L LOTU	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER OTH- STATUTE ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A		0002057169 01/16/2024 01/16/2025 E.L. EACH ACCIDENT	01/16/2024 01/16/2025	E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If ves, describe under				E.L. DISEASE		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	REMARKS below						E.L. DISEASE - POLICY LIMIT		1,000,000		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Austin is listed as additional insured on the General Liability policy 30 Day NOC is included with policy.

CERTIFICATI	E HOLDER		CANCELLATION			
	City of Austin Attn: Right of Way Management		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
P.O. Box 1088, Austin			AUTHORIZED REPRESENTATIVE			
	,	TX 78767	Day Dam ST			

			ADDI	TIONAL COVE	RAGI	ES		
Ref #	Description Combined single limit			Coverage Code CSL		Form No.	Edition Date	
Limit 1 1,000,0	000	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description Medical Pa	scription Coverage Code edical Pay(GD) GMEDP		_	Form No.	Edition Date		
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	,
Ref #	Description Coverage Code Waiver of Subrogation WVSUB							Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount Deductible Type			Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description Coverage Code				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
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Limit 1	mit 1 Limit 2 Limit 3 Deductible Amo			Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
OFADT	LCV	l	1	<u> </u>			Copyright 2001,	AMS Services, Inc.