Application for valet Zone – Annual
PERMIT HOLDER INFORMATION:
The Business/Property requesting the permanent zone will be the Permit Holder of record. Changes related to the
Business/Property will affect the Permit and should be relayed promptly to Right of Way Management staff.
Business Contact Information:
Operating/Assumed Name(s) Bob's Steak and Chop House
Legal Name(s) (if different than Operating Name) Texas Star Steak Austin LLC
Primary Contact Name Steve Clemens
24 Hour Emergency Number 512-222-2627 Alternative Phone Number
Mailing Address 301 Lavaca St. City Austin State TX Zip 78701
Email Address steve.clemens@bobs-steakandchop.com
Date of Business Opening (if not currently operating)
Business Insurance:
Insurance Expiration Date 2/26/25
Lists City of Austin as Additional Insured ☑ Yes ☐ No
Provides a 30 Day Notice of Cancellation   ☑ Yes □ No
Lists "City of Austin, c/o Right of Way Mgmt, PO Box 1088, Austin, TX 78767" as Certificate Holder   ☑ Yes    □ No
**Provide a <i>current</i> copy of Insurance as evidence that requirements are satisfied, if not already on file.**
Business Structure:
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☑ Limited Liability Company  **Provide a Resolution of Authority (or Document in Lieu of a Resolution) that corresponds with the Business
Structure. If structure is Sole Proprietorship or Single Membership, provide business documentation as filed with
the State and County.**
Business Use:
□ Residential/Condominium □ Hotel □ Private Concert/Convention Venue ☑ Restaurant (51%+ in Food Sales)
□ Bar (50%+ in Alcohol Sales) □ Multiple Businesses (AKA Valet District) □ City Property (Park, Amphitheater, Convention Center
etc.) (If you checked "Multiple Businesses", please provide an additional page 2 of this application for each business.)
Business Hours:
From: 4:30 (am/pm) To: 10:00 (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday
From: 4:30 (am/pm) To: 11:00 (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday
From: (am/pm) To: (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Indicate any days of the week that Valet Service will NOT operate: Mon Tue Wed Thu Fri Sat Sun
Total Number of Vehicles Served, Prior Business Year (required for all Renewals): 6,000



Application for Valet Zone – Annual				
TYPE OF REQUEST:				
☐ New ☐ Renewal ☐ Change to Valet Operator ☐ Change to Valet Zone ☐ Valet District (zone serving 2+ businesses)				
APPLICANT INFORMATION:				
The Applicant listed here MUST sign on page 3 of this application. An Authorized Agent Form is ONLY required if a				
Licensed Valet Operator is named as the Applicant. A Resolution of Authority is required of all applications EXCEPT when				
the Permit Holder is a Sole Proprietorship. Acceptable forms of Sole Proprietorship documentation include – Assumed				
Name Certificate, Certificate of Formation, or Articles of Incorporation.				
Applicant Type: ☐ Property Owner/Manager ☐ Business Owner/Manager ☑ Licensed Valet Operator				
Applicant Contact Information:				
Company Name Access Valet Parking #2017-054252				
Primary Contact Name Brandon Blond				
Phone Number 512-775-5739 Alternative Phone Number				
Mailing Address 14910 Hartsmith Dr. City Austin State TX Zip 78725				
Email Address _brandon@accessvaletparking.com				
PROPOSED ZONE INFORMATION:				
Proposed Valet Location:				
Block Number W 3rd 200 NC Street Name W 3rd St. Number of Spaces Requested 6				
Curb Side (circle one) - North South East West Block End (circle one) North South East West Midblock				
Pay Station or Meter Numbers: PS# / Meter # 0426 PS# / Meter # 0425 PS# / Meter # PS#				
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.) **Provide a CURRENT photo of the zone.**				
Proposed Valet Hours:				
From: 4:00 (arl/pm) To: 2:00 (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday				
From: (am/pm) To: (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday				
From: (am/pm) To: (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday				
Indicate any days of the week that Valet Service will NOT operate: Mon Tue Wed Thu Fri Sat Sun				
LICENSED VALET OPERATOR INFORMATION:				
Licensed Valet Operator Name Access Valet Parking				
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 5/23/25 Expiration date of Valet Operator Insurance 9/2/25				



# **Austin Transportation Department**

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

2010	
Application for	Valet Zone – Annual
VEHICLE STORAGE:	
Will vehicles be parked on the Permit Holder's premi	ses? 🗆 Yes 🛛 No
(If you checked "Yes", no additional information required	. If you checked "No", provide details below.)
Parking Facility Location:	
Address 510 Guadalupe St.	City Austin State TX Zip 78701
Type of Parking Facility:	
☐ Parking Garage ☐ Surface Lot	
Terms of Parking Facility Contract:	
Number of Spaces Available 75 Date of Contract 6	Term/Expiration Date of Contract MTM - 5 Years
Contact Information for Facility Owner Manager:	
Name Mike Macdonald Phone Numbe	r_512-599-1288 Email Address mmacdonald@lazparking.com
**Provide current evidence of Contract with Parking	Facility, if not already on file.**
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
	d that any holder of a City of Austin License Agreement or
	nnot be denied use of such right-of-way during the requested of approval is implied by the acceptance of this application,
	applicant must provide all additional information requested
	result in denial of the application. I also understand that the
City is not responsible for any cost or inconvenience incu	irred by me if the application is denied.
PRINT NAME	SIGNATURE OF APPLICANT
	(MUST SIGN IN PRESENCE OF NOTARY)
COUNTY OF	
STATE OF TEXAS	

SWORN TO AND SUBSCRIBED BEFORE ME ON THE \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_,

NOTARY PUBLIC SIGNATURE



# **Austin Transportation Department**

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

# PHOTO OF PROPSED ZONE

Please attach. NOTE: Screen shots of online images/maps will NOT suffice. A photo allows for an accurate historical record of the zone.

#### MAP OF ROUTES TO PARK AND RETURN VEHICLES

Please attach.

# **BUSINESS INSURANCE**

Please attach.

# **CONTRACT WITH PARKING FACILITY**

Please provide the following details related to the contract with the offsite Parking Facility. NOTE: These details must be confirmed by a Parking Facility representative. An e-mail of confirmation from the representative will suffice.

## **Location of Parking Facility**

#### **Terms of Contract**

Hours of Valet –
Days of Valet –
Number of Spaces Available to Valet –
Contact Info for Facility Owner/Manager –
Date of Contract (within past year) –
Term of Contract –

#### **EXAMPLE:**

**Location of Parking Facility** 505 Barton Springs Rd.

## **Terms of Contract**

Hours of Valet – 5pm-1am

Days of Valet – Thur-Sun

Number of Spaces Available to Valet – 50

Contact Info for Facility Owner/Manager – Paloma Amayo-Ryan, 512-974-2841, paloma.amayo-ryan@austintexas.gov

Date of Contract (within past year) – 4/1/19

Term of Contract – 5 years; 4/1/24

Resolution of Authority for a Limit				
l,				
authorized agent form}, the undersign		trike one} Partner of _		{name
of partnership the "Partnership", her		Lovicting under the law	us of the State of	
Partnership is a limited partnership an	a is duly organized and	rexisting under the lav	75 OF THE State OF	
Resolved, that	{name of par	tner SIGNING bond, pe	ermit application, or autho	rized
agent form} Partner of	·	{name of partner	<b>ship</b> }, is empowered to sign	n any and
all documents, to take such steps, and	to do such other acts	and things, on behalf o	of said Partnership, as in his	/her
{strike one} judgment may be necessa	ry, appropriate or desi	rable in connection wi	th any License and Permit S	Surety
Bond and/or Permit(s) entered into w	th the City of Austin.			
Resolved, that all transactions with the	•	~	•	
Partners of the Partnership, in its nam	•	rior to the adoption of	f these resolutions, are here	eby
ratified and approved for all purposes				
Date	_, 20			
COMPANY SEAL IF AVAILABLE				
			e of partner NAMED IN FIR	ST BLANK
				{title}
Resolution of Authority for a Limit				
I,Brandon Blond			G bond, permit application	
authorized agent form}, the undersign	· · · · · · · · · · · · · · · · · · ·	s valet Parking	{name of limited	liability
company} the "Company", hereby cer	•			
Company is a limited liability company	and is duly organized a	and existing under the	laws of the State of	
<u>Texas</u> .				
Resolved, that Steve Clemens	Iname of me	mhar SIGNING hand r	permit application, or author	orizad
agent form} Member of Bob's Stea				
sign any and all documents, to take su				
his/her { <b>strike one</b> } judgment may be	• •	-	•	•
Surety Bond and/or related Permit(s)			stion with any License and i	Cillic
Surety Bond and or related remnit(s)	sincerca into with the c	ary or mastin.		
Resolved, that all transactions with the	e City of Austin involvir	ng a License and Permit	t Surety Bond and/or Permi	it(s) by any
Members of the Company, in its name	and for its account, pr	ior to the adoption of	these resolutions, are here	by ratified
and approved for all purposes.	•	•		•
Data 12/6	20.24			
Date 12/6 COMPANY SEAL IF AVAILABLE	_, 20 <u>- ·</u>			
CONTAINT SEAL IF AVAILABLE				
			Brandon Blona	L
		 {signature	of member NAMED IN FIR	

{title}

Owner - Access Valet Parking



#### 515 Congress Avenue Suite 2240 Austin, Texas 78701 Office 472-4261

7/10/2023

City of Austin,

We have prepared this letter in an effort to address the City of Austin's questions regarding the Truluck's, Capital Grille, Fleming's, Bob's Steakhouse and Estelle's Valet Operations parking agreement with Access Valet in the Downtown Austin area.

LAZ Parking of Austin has a parking storage agreement with Access Valet for the following Restaurant Valet Operations.

**Truluck's, Capital Grille, Bob's Steakhouse and Estelle's** can park their vehicles at our facility located at 510 Guadalupe.

Fleming's can park at our parking facility located at 99 Trinity.

Please find our response to your questions outlined in red below:

- Garage hours, when does the garage allow valet parking to begin.
   2:00PM -2:00AM Sunday Saturday @ Both Storage Facilities listed above
- Does it align with the hours requested for valet services?
  Yes
- Is there a restriction of use such as days, businesses, or employees?

- Number of spaces allocated to the valet company
   75 @ Both Facilities listed above.
- 5. Contact information for garage owner or contract individual (email or phone) <a href="mailto:mmacdonald@lazparking.com">mmacdonald@lazparking.com</a>
- Date of execution, should be within a year or an addendum is required July 10<sup>th</sup>, 2023
- Is the contract month to month or yearly
   This is a yearly deal with automatic renewals over the next 5 years.
- 8. Is the valet operator using more than one garage for the business? If so, all contracts should be on file.

N/A

Thanks,

Mike MacDonald

Assistant General Manager

LAZ Parking - Austin

(512)599-1288





