



Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

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 _____

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 current 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



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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# / 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.) ****Provide a CURRENT photo of the zone.****

Proposed Valet Hours:

From: 4:00 (am/pm) pm To: 2:00 (am/pm) 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 _____ Expiration date of Valet Operator Insurance _____



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VEHICLE STORAGE:

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 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 6/1/2020 Term/Expiration Date of Contract MTM - 5 Years

Contact Information for Facility Owner Manager:

Name Mike Macdonald Phone Number 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 forth herein and the City Code. Additionally, I understand that any holder of a City of Austin License Agreement or any other valid permit for other use of the right-of-way cannot be denied use of such right-of-way during the requested use on this application. 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.

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



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PHOTO OF PROPOSED 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 Limited Partnership

I, _____ {name of partner NOT SIGNING bond, permit application, or authorized agent form}, the undersigned General/Limited {strike one} Partner of _____ {name of partnership} the "Partnership", hereby certify that:

Partnership is a limited partnership and is duly organized and existing under the laws of the State of _____.

Resolved, that _____ {name of partner SIGNING bond, permit application, or authorized agent form} Partner of _____ {name of partnership}, is empowered to sign any and all documents, to take such steps, and to do such other acts and things, on behalf of said Partnership, as in his/her {strike one} judgment may be necessary, appropriate or desirable in connection with any License and Permit Surety Bond and/or Permit(s) entered into with the City of Austin.

Resolved, that all transactions with the City of Austin involving a License and Permit Surety Bond and/or Permit(s) by any Partners of the Partnership, in its name and for its account, prior to the adoption of these resolutions, are hereby ratified and approved for all purposes.

Date _____, 20____.

COMPANY SEAL IF AVAILABLE

{signature of partner NAMED IN FIRST BLANK}

{title}

Resolution of Authority for a Limited Liability Company

I, Brandon Blond _____ {name of member NOT SIGNING bond, permit application, or authorized agent form}, the undersigned Member of Access Valet Parking _____ {name of limited liability company} the "Company", hereby certify that:

Company is a limited liability company and is duly organized and existing under the laws of the State of Texas _____.

Resolved, that Steve Clemens _____ {name of member SIGNING bond, permit application, or authorized agent form} Member of Bob's Steak and Chop House _____ {name of limited liability company}, is empowered to sign any and all documents, to take such steps, and to do such other acts and things, on behalf of said Company, as in his/her {strike one} judgment may be necessary, appropriate or desirable in connection with any License and Permit Surety Bond and/or related Permit(s) entered into with the City of Austin.

Resolved, that all transactions with the City of Austin involving a License and Permit Surety Bond and/or Permit(s) by any Members of the Company, in its name and for its account, prior to the adoption of these resolutions, are hereby ratified and approved for all purposes.

Date 12/6 _____, 20²⁴_____.

COMPANY SEAL IF AVAILABLE

Brandon Blond

{signature of member NAMED IN FIRST BLANK}
Owner - Access Valet Parking

{title}



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:

1. Garage hours, when does the garage allow valet parking to begin.
2:00PM -2:00AM Sunday – Saturday @ Both Storage Facilities listed above
2. Does it align with the hours requested for valet services?
Yes
3. Is there a restriction of use such as days, businesses, or employees?
NO

4. 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)
mmacdonald@lazparking.com
6. Date of execution, should be within a year or an addendum is required July 10th, 2023
7. 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,

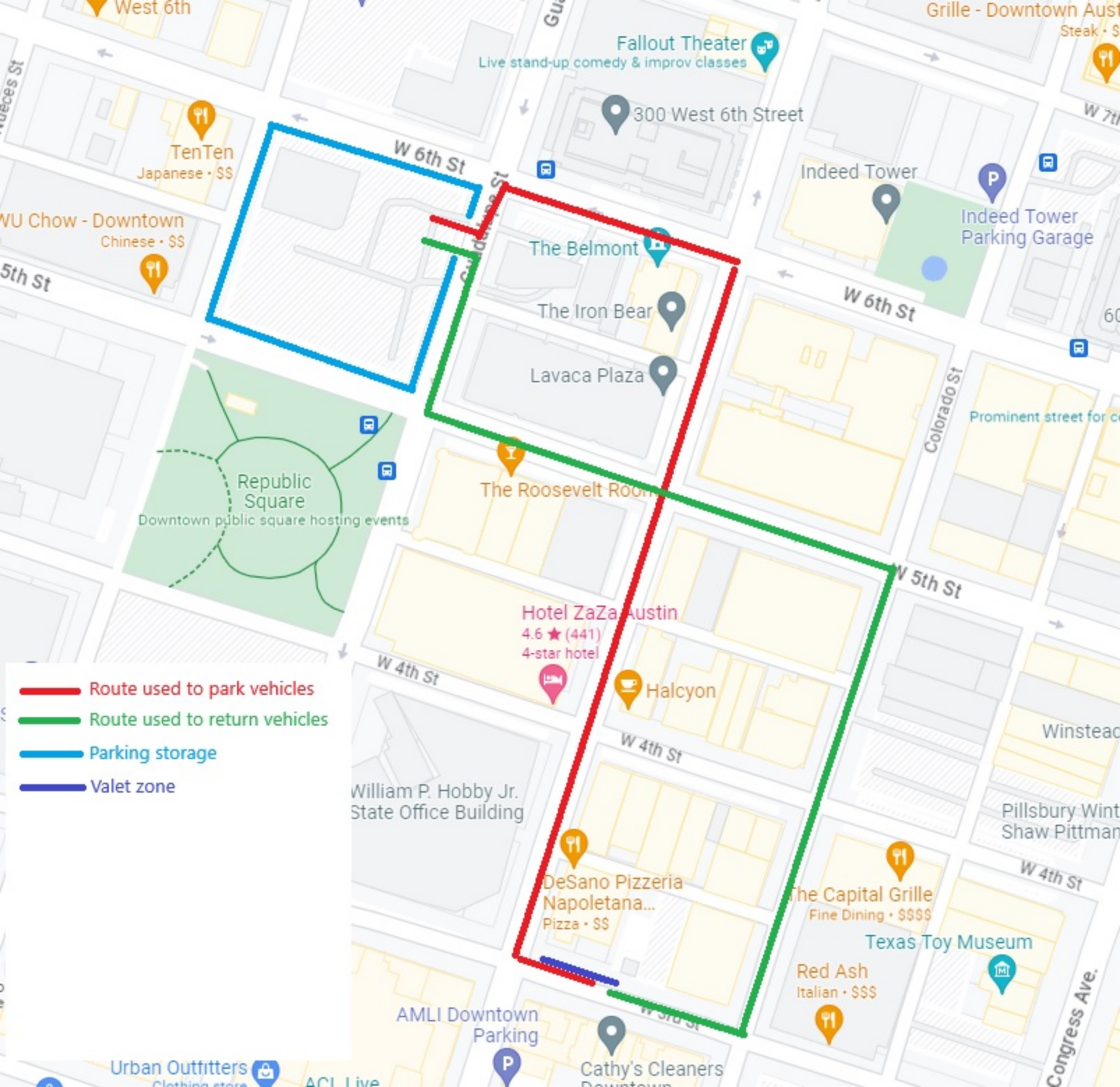


Mike MacDonald

Assistant General Manager

LAZ Parking – Austin

(512)599-1288



- Route used to park vehicles
- Route used to return vehicles
- Parking storage
- Valet zone



Bob's

Bob's

HOLDERS
DCA

ROAD CLOSED
- OTHER SIDE



GROCERY

ROYAL BLU GROCERY

241



Catnip
ADVENTURES
231 W 8th
Shoe Repair

NO PARKING
VALET
PARKING
ONLY
MON - SAT
2:00PM - 2:00AM

P
PAY
TO
PARK

15 MIN
AT ANY
TIME
CUSTOMER
SERVICE
ZONE

MON - FRI
8AM - 2:00PM
SAT
11AM - 2:00PM



CX3-S463