



**CITY OF ATLANTA ~ DEPARTMENT OF
TRANSPORTATION APPLICATION FOR ON-STREET
VALET PARKING PERMIT NOTARIZED AFFIDAVIT BY
PROPERTY OWNER**

I, _____ SWEAR THAT I AM THE OWNER OR
Owner(s) Printed Name

AUTHORIZED AGENT FOR THE OWNER OF THE PROPERTY LOCATED AT: _____

LAND DISTRICT _____ LAND LOT _____ AS SHOWN IN THE RECORDS
OF _____ COUNTY, GEORGIA WHICH IS THE SUBJECT MATTER OF THE
ATTACHED APPLICATION FOR AN ON-STREET VALET PARKING PERMIT. I AUTHORIZE THE
PERSON NAMED BELOW TO ACT AS THE APPLICANT IN THE PURSUIT OF THIS
APPLICATION AND, UPON RECEIVING CITY APPROVAL, I GRANT PERMISSION FOR THE
OPERATION OF AN ON-STREET VALET PARKING OPERATION ADJACENT TO MY PROPERTY
AS SHOWN ON THE SITE PLAN ATTACHED TO SAID APPLICATION.

NAME OF APPLICANT: _____

BUSINESS ESTABLISHMENT: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Signature of Owner

Print Name of Owner

Personally Appeared
Before Me

Who Swears That the Information Contained In this Authorization
Is True and Correct To The Best of His or Her Knowledge and Belief.

Signature of Notary Public

Date