



City of Grand Rapids

Valet Parking – Fixed Location Participating Businesses

Principal Business Applicant

Business Name: _____

Business Address: _____

Additional Business Applicants

1. Business Name: _____

Business Address: _____

Phone Number: _____ E-mail: _____

Owner/Manager (Please Print): _____

Signature: _____ Date: _____

2. Business Name: _____

Business Address: _____

Phone Number: _____ E-mail: _____

Owner/Manager (Please Print): _____

Signature: _____ Date: _____

3. Business Name: _____

Business Address: _____

Phone Number: _____ E-mail: _____

Owner/Manager (Please Print): _____

Signature: _____ Date: _____

4. Business Name: _____

Business Address: _____

Phone Number: _____ E-mail: _____

Owner/Manager (Please Print): _____

Signature: _____ Date: _____

5. Business Name: _____

Business Address: _____

Phone Number: _____ E-mail: _____

Owner/Manager (Please Print): _____

Signature: _____ Date: _____