

GROWTH MANAGEMENT DEPARTMENT

201 SE 3RD ST (Second Floor), OCALA, FL 34471

Email: building@ocalafl org; Phone: (352) 629-8421

APPLICATION FOR VALET PARKING SE	RVICE PROJECTISE, 1 BD 450000
Applicant Name: Dishan Singh	Phone No.: 706 386 7669
Applicant Name: Dilshan Singh Mailing Address: 2140 NE 45th AVE O	Icak FL 34+20 Email: dibhan @ safeparc
Franchise Operator: Safepave LLC	Phone No.: 706-386-766
Franchise Operator: Safepave LLC Mailing Address: 519 NW 3vd Ave, 0	cala FL 39475 Email: dilshan a safepa
Business Address/Valet location: 120 E S Wev	Springs Rd, Ocala F1 3947
partnership papers.	ves, provide a copy of articles of incorporation or
Name of partnership/corporation: Safepave L	LC 1.75
Mailing address: 519 NW 3rd Ave, O	cala FL 39413 Phone No.: 706-386-7664
Name of partnership/corporation: Sufepare L Mailing address: 519 NW 3rd Ave, O List officers/partners: Dilshan Suyh	, Saf Karn, Jonathan Leve
Provide workers comprehensive and employers liability per person/occurance. General liability insurance person/occurance covering bodily injury and property ramping and storing of vehicles on public property. minimum amount of \$250,000 per location/occurance collision and comprehensive coverage for vehicles und	y insurance in the minimum amount of \$1,000,000 in the minimum amount of \$1,000,000 per damage resulting from the valet parking operator's Garage keepers legal liability insurance in the

Application (1)	The names, address and telephone numbers of the applicant, a Florida Department of Law Enforcement Criminal History Information Report obtained from the Ocala Police Department at the applicant's request and expense and any other information deemed necessary by the director. If the applicant is a lessee, the owner, and any independent contractor the applicant intends to use as a valet parking operator must provide the same information. In addition, include a completed OPD Background Check and Social Security Collection form for each officer/partner/driver);
(2)	The proposed location of any valet parking podium, stand, or sign to be used for the valet parking service;
(3)	A written traffic plan which shows in detail the operation of the valet service, including, but not limited to, the size, shape, and location of the valet ramping zone or valet ramping spaces; the size, shape, location, and support of any signage; and the anticipated flow of traffic to and from the ramping spaces or zones;
(4)	The location of the properly zoned and permitted off-street parking area or facility the valet parking operator intends to use for the storage of the vehicles, and a signed contract or agreement showing that the valet parking operator has acquired the legal right to store the vehicles in that area or facility;
(5)	The days and operating hours proposed for the valet parking operation along with an operations plan which shall include a staffing plan and standard operating procedures. The standard operating procedures will include at a minimum a procedure for cars that are not reclaimed, and for cars that are stolen or vandalized while in the possession of licensee;
(6)	Proof of insurance as provided for in section 22-432;
(7)	If a partnership, the full name of the partnership and the names of all the partners, whether general or limited, accompanied by the partnership instrument or a certified copy thereof, and the business address of the partnership;
(8)	If a corporation, the exact corporate name and state of incorporation and the names of all the officers, directors and stockholders owning ten percent or more of the outstanding voting stock, accompanied by the articles of incorporation and all amendments thereto and the certificate of incorporation, or certified copies thereof, and the business address of the corporation and its registered agent.

Please note: After approval of the Valet Parking Service Franchise, a business tax certificate for the Valet Parking Service must be applied for at the One Stop Permit Center located at 201 SE 3rd Street, Second Floor. A FDLE Criminal History Information Report, OPD Background Check and Social Security forms are required for each employee and shall be submitted with the application for a business tax certificate.

Acknowledgement

I have submitted a Florida Department of Law Enforcement Criminal History Information Report as required by Chapter 22. I understand that the findings may result in the denial of my application. I futher understand that the franchise is required to abide by all regulations contained in Article II of Chapter 22, Code of Ordinances, City of Ocala, Florida, and that failure to do so could result in revocation of said franchise.

I swear/affirm that all written statements made by me on this application are true and complete. I understand that any omitted, false, or incorrect statements made in connection with my application may stop the processing of this application or result in the revocation of an existing franchise, and have read and understand the regulations pertaining to this franchise.

Applicant's signature	Date: 11 11 6 2021
Print name: Dushan Singh	
State of Florida Grearch 9	
State of Florida Grantif 9 County of Marion Corne i nuett	
Sworn to/affirmed before me this 16 day of December	900, 20 <u>81</u> , by
Dilshan Singh as Owner	or Safepare LLC.
(Name)	() and the state of the state o
who is personally known to me or who has produced the following	ng as identification
Or A Driving Lic.	
	SV C
A A	SIVELO
Notary public V. Autre (SE	AL) NOTARL
Notary public .	9 0 0 5
	Jack S
	COUNTY
	** Community