

Salt Lake City Department of Airports

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GROUND TRANSPORTATION REGISTRATION FORM					
BUSINESS INFORMATION (*Required Field)					
*Business Name: (Name operating u	<u>```</u>	<i>i</i>	s.)		
*Physical Address:					
*City:	*State:	*State:		*Zip:	
Billing Address: (If different than physical address)	1		1		
City:	State:		Zip:		
*Phone Number: ()	-	Fax Number: () -		
*Type of Service: [] Transportation for Hire		[] Courtesy	[] Other:		
CONTACT INFORMATION: (*Required Field)					
*Name of Person Responsible For Business Operations:	<u>```</u>				
*Title:	[] Owner	[] President	[]CEO	[] Manager	
*Phone Number: ()	-	*Cell Phone: () -		
*Email Address:					
Name of Additional Contact:					
Title:	[] Owner	[] President	[]CEO	[] Manager	
Phone Number: ()	-	Cell Phone: () -		
Email Address:		<u> </u>			
Attachments: [] SLC Business	License [] Insurance	ce Certificate of Lia	bility		
*[] I have read and understa	nd Salt Lake City O	rdinance(s) 5.71,	5.72, 16.60 and th	e associated	
Ground Transportation Rules and Regulations.					
*Contact Signature:		*Date:			

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