

AERONAUTICAL SERVICES PERMIT APPLICATION

In accordance with Salt Lake City Municipal Code Title 16 and Salt Lake City Department of Airports, any person desiring to perform any aeronautical services at or from Salt Lake City International Airport, South Valley Regional Airport, or Tooele Valley Airport must submit information satisfactory to the director that the person meets the minimum standards established by Title 16 and Salt Lake City Department of Airports Rules and Regulations. Anyone who does not have a lease agreement authorizing such service, must obtain a permit authorizing such service prior to commencing any operation.

APPLICANT

NAME _____
TITLE _____
COMPANY _____
MAILING ADDRESS _____
CITY ST ZIP _____
BUSINESS PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____

GENERAL TERMS

The applicant named above hereby requests consideration for the issuance of a permit to perform each commercial aeronautical service indicated below and agrees to the following:

1. **PERMITTED ACTIVITY:** Applicant shall engage only in the aeronautical service or services authorized by permit and shall not engage in any other commercial activity without first obtaining a permit to do so.
2. **FEE:** Applicant shall pay all permit fees for the issuance of the permit(s) requested herein.
3. **INSURANCE:** Applicant shall, at Permittee's sole cost, commercial general liability insurance coverage for injury to property and person to protect Salt Lake City (City) herein from such claims and actions in the type and amount specified by the SLCDCA. Said insurance shall have limits of not less than \$2,000,000.00 per occurrence limit of liability.
4. **COMPLIANCE:** Applicant shall comply with all applicable laws, ordinances, rules and regulations, and provisions of the permits issued to applicant.
5. **DOCUMENT REQUIREMENTS:** Applicant shall submit to Airport (SLCDA) the following documentation before this application will be considered and shall not commence operations prior to the issuance of the permit(s).
 - A. Proof of all applicable licenses, certificates, and ratings required by the Federal Aviation Administration (FAA), State, County, City, SLCDCA or other governing agencies to perform the aeronautical service(s) requested herein.
 - B. Business License issued by Salt Lake City or other local municipality.
 - C. Certificate of Insurance for the types and amounts of coverage specified by the SLCDCA.
 - D. Submit a List of Authorized Aircraft to be used in providing approved services, if applicable.
 - E. Submit any and all other documents as requested by the SLCDCA.

AERONAUTICAL BUSINESS OR SERVICE TO BE PERFORMED (check all that apply):

- | | | | |
|---|-------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Aircraft Maintenance | <input type="checkbox"/> KSLC | <input type="checkbox"/> U42 | <input type="checkbox"/> TVY |
| <input type="checkbox"/> Flight Training | <input type="checkbox"/> KSLC | <input type="checkbox"/> U42 | <input type="checkbox"/> TVY |
| <input type="checkbox"/> Aircraft Rental | <input type="checkbox"/> KSLC | <input type="checkbox"/> U42 | <input type="checkbox"/> TVY |
| <input type="checkbox"/> Commercial Flight Services | <input type="checkbox"/> KSLC | <input type="checkbox"/> U42 | <input type="checkbox"/> TVY |
| <input type="checkbox"/> Other _____ | | | |

LOCATION OF BUSINESS OFFICE AND TRAINING FACILITY

Applicants shall, at their own expense, secure appropriate off airport facilities to conduct general business activities, meet customers, provide ground school instruction, or other activities not requiring the immediate presence of an aircraft. Airport facilities, including hangars, are not to be used for applicant’s business purposes without written permission from the Airport

Indicate below the location of your business office and training facility.

SUMMARY OF SERVICE

Describe in the box below a detailed explanation of the intended scope of operations and the types of services you propose to provide to the general aviation community.

In addition, if a partnership, the names and addresses of all partners, or if a corporation, association or organization, the names of the president, vice president, secretary, and full time managing officer or managing employee.

APPLICANT

PRINT NAME

SIGNATURE

DATE