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## PERMIT ATTACHMENT COMMERCIAL OPERATING (SASO)

Des Moines Airport Authority 5800 Fleur Dr, Suite 207 Des Moines, IA 50321

## SUBMIT WITH PERMIT APPLICATION FORM PER-PUB-00-900

A) SUBMISSION CHECKLIST								
Per Section 2 of the Airport Minimum Standards the following items shall be included with this application:								
☐ Business Plan								
□ F	Financial Statement							
	Credit Reports							
□ B	Sond or Suitable Guarantee							
☐ List of Assets Used in Conducting Business at Airport (Include List of Aircraft)								
☐ Copies of All Applicable Licenses or Permits Required for Business								
Preliminary Plans, Specifications, and Completion Dates for Work Required								
	☐ Request Facility Construction or Improvements (Attach Details) ☐ No Facility Construction or Improvements Required							
□ P	Proof of Insurance or Ability to Obtain							
	☐ Other Material Included, List							
B) S	TATEMENT AND REFERENCES PER PARA 2(F) (	OF I	MINIMUM ST	ANDARI	OS			
State	ement indicating past experience in providing the specified services propos	sed to	be offered at the Air	port:				
	_							
	First Name		Middle Name			Last Name		
REFERENCE ONE	Business Name							
ENC	Mailing Address							
EFER	City					Zip		
~	Phone	Fax (If Applicable			E-Ma	nil Address		
	First Name		Middle Name			Last Name		
TWO	Business Name							
ENCE	Mailing Address							
REFERENCE TWO	City					Zip		
~	Phone	Fax (If Applicable)		E-M		Iail Address		
(m)	First Name		Middle Name			Last Name		
REFERENCE THREE	Business Name							
NCE 1	Mailing Address							
FERE	City					Zip		
<b>8</b>	Phone	Fax	(If Applicable)		E-Ma	ail Address		

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C) REQUIRED FACILITIES AND OPERATIONS  If required for your proposed activity, in addition to the required plans to be submitted for new or modified facilities, provide the address and space to be								
utilized in performance of your proposed activity.  Square Feet of Land			Square Feet of Building			Address		
Selec	t Facility Features (Select all th	at apply)						
□Е	mployee Parking   Customer	Parking P	aved Aircraft Parking 🗌	Hang	ar Space 🗌 Shop [	Lobby L	Public Restrooms  Pilot Lounge	
□с	ustomer Service Area 🔲 Aircr	aft Maintenan	ce Conference Room	☐ Off	fices WiFi Co	oncessions	Aircraft Display Area	
□o	ther (List)							
Aircı	raft Design Group Served		Number and Type of Pil	ots (If	Applicable)	Other Certif	icated Personnel (If Applicable)	_
□I		VΙ						
	OURS OF OPERATION							
Prov	ide Date(s) and Time(s) of P	roposed Acti	vities					
Mon	From Date	From Ti	me	ТО	To Date		To Time	
Iue	From Date	From Time		ТО	To Date		To Time	
Wed	From Date	From Ti	me	ТО	To Date		To Time	
Thur	From Date	From Time		ТО	To Date		To Time	
Fri	From Date	From Ti	me	ТО	To Date		To Time	
Sat	From Date	From Ti	me	ТО	To Date		To Time	
Sun	From Date	From Ti	me	ТО	To Date		To Time	
E) A	IRCRAFT INFORMA	TION						
	Aircraft Type		N-Number			Owned/Leased		
1								
2								
3								
4								_
5								
F) INSURANCE INFORMATION								
Insurance Carrier Name Insurance Carrier Contact Name/Number Insurance Policy Number								
Describe Limits (Certificate of Insurance with Airport Listed as Additionally Insured Will be Required)								
	TATEMENT OF COM							
My signature below acknowledges that, if granted a Permit, I as the applicant, shall execute such forms, releases, or discharges as may be required by the FAA and all aviation or aeronautic commissions, administrators, or departments of all States in which I have engaged in aviation business, to release						ė		

information in their files relating to me or my proposed operation.

Furthermore, I authorize the FAA, any aviation or aeronautics board or administrator, and departments of all states in which I have engaged in an aviation business to release to the Airport information in their files relating to me or my operations. The applicant shall execute any forms, releases, or discharges that may be required by those entities.

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H) NAME AND SIGNATURES							
The application shall be signed and submitted by the owner of the business, if a sole proprietorship; every partner if a partnership; every member if a							
liability company (LLC); and the President or CEO if a corporation. Additional lines are provided below for more than one required signature.							
	Name	Title	Date				
AR							
PRIMARY	Signature						
Ь							
RY	Name	Title	Date				
SECONDARY							
ECO	Signature						
	Name	Title	Date				
4RY	Name	Title	Date				
SECONDARY	Signature						
SEC							
<u></u>	Name	Title	Date				
SECONDARY							
CON	Signature						
SE							
ξ¥	Name	Title	Date				
(DAF							
SECONDARY	Signature						
- S							
SECONDARY	Name	Title	Date				
	Signature						
SECC	- Digitature						
SECONDARY S	Name	Title	Date				
OND	Signature	<u> </u>	<u> </u>				
SEC							