PERMIT ATTACHMENT COMMERCIAL FACILITY USE

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

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

A) TYPE OF FACILITY USE

Activity Type

□ Movie □ Photography □ Videography □ Posting of Signage □ Food Truck

Other

B) REQUESTED AREA OF ACTIVITY

Provide Address or Detailed Description of Area of Activity and Include Maps or Diagrams as Applicable

C) REQUESTED DATE(S) AND TIME(S) OF ACTIVITY

Provide Date(s) and Time(s) of Proposed Activities

Range	From Date	From Time		TO	To Date		To Time
Range	From Date	From Time		TO	To Date		To Time
Range	From Date	From Time		ΤO	To Date		To Time
Range 4	From Date	From Time		то	To Date		To Time
Range	From Date	From Time		то	To Date		To Time
Range	From Date	From Time		ΤO	To Date		To Time
Range	From Date	From Time		ΤΟ	To Date		To Time
D) 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)							