



PERMIT ATTACHMENT COMMERCIAL OPERATING (SASO)

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

SUBMIT WITH PERMIT APPLICATION FORM PUB-0001

A) SUBMISSION CHECKLIST

Per Section 2 of the Airport Minimum Standards the following items shall be included with this application:

- Business Plan
- Financial Statement
- Credit Reports
- Bond 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
 - Proof of Insurance or Ability to Obtain
 - Other Material Included, List
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B) STATEMENT AND REFERENCES PER PARA 2(F) OF MINIMUM STANDARDS

Statement indicating past experience in providing the specified services proposed to be offered at the Airport:

REFERENCE ONE	First Name	Middle Name	Last Name
	Business Name		
	Mailing Address		
	City	State	Zip
	Phone	Fax (If Applicable)	E-Mail Address
REFERENCE TWO	First Name	Middle Name	Last Name
	Business Name		
	Mailing Address		
	City	State	Zip
	Phone	Fax (If Applicable)	E-Mail Address
REFERENCE THREE	First Name	Middle Name	Last Name
	Business Name		
	Mailing Address		
	City	State	Zip
	Phone	Fax (If Applicable)	E-Mail Address

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
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Select Facility Features (Select all that apply)

Employee Parking
 Customer Parking
 Paved Aircraft Parking
 Hangar Space
 Shop
 Lobby
 Public Restrooms
 Pilot Lounge
 Customer Service Area
 Aircraft Maintenance
 Conference Room
 Offices
 WiFi
 Concessions
 Aircraft Display Area
 Other (List) _____

Aircraft Design Group Served	Number and Type of Pilots (If Applicable)	Other Certificated Personnel (If Applicable)
<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI		

D) HOURS OF OPERATION

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

	From Date	From Time	TO	To Date	To Time
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

E) AIRCRAFT INFORMATION

	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
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Describe Limits (Certificate of Insurance with Airport Listed as Additionally Insured Will be Required)

G) STATEMENT OF COMPLIANCE

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 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.

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.

PRIMARY	Name	Title	Date
	Signature		

SECONDARY	Name	Title	Date
	Signature		

SECONDARY	Name	Title	Date
	Signature		

SECONDARY	Name	Title	Date
	Signature		

SECONDARY	Name	Title	Date
	Signature		

SECONDARY	Name	Title	Date
	Signature		

SECONDARY	Name	Title	Date
	Signature		