



TALLAHASSEE
INTERNATIONAL AIRPORT

Airport Use Only

Date Issued:

Amount Paid:

Receipt #:

Issued By:

Approved By:

NON-TENANT BUSINESS PERMIT APPLICATION

APPLICANT INFORMATION

Name:		Name of Business:	
Address:		City:	State:
Zip Code:	Home Phone:	Cell Phone:	
Description of Proposed Business Activity:			

INSURANCE INFORMATION

Insurance Carrier:	Policy #:	Exp. Date:
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VEHICLE #1

Model Year:	Make:	Model:	Permit #:	Access Card #:
Tag #:	State:	Color:	Notes/Vehicle #:	

VEHICLE #2

Model Year:	Make:	Model:	Permit #:	Access Card #:
Tag #:	State:	Color:	Notes/Vehicle #:	

VEHICLE #3

Model Year:	Make:	Model:	Permit #:	Access Card #:
Tag #:	State:	Color:	Notes/Vehicle #:	

LOCAL MANAGEMENT CONTACT INFORMATION

Name:	Job Title:	Phone:	Email:
Name:	Job Title:	Phone:	Email:

Applicant agrees that all business activities conducted at Tallahassee International Airport shall be governed by the Airport Rules and Regulations / Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers.

I hereby acknowledge receipt of the following:

- Tallahassee International Airport's Rules and Regulations
 - Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers.
- NOTE: Documents are available at the following website: <http://www.FlyTallahassee.com>

Signature

Date

Submit completed application to Airport Operations.