



NON-TENANT BUSINESS PERMIT APPLICATION

Airport Use Only
Date Issued:
Amount Paid:
Receipt #:
Issued By:
Approved By:

APPLICANT INFORMATION				
Applicant Name	Name of Business			
Address	City	State	Zip Code	Phone # () -
Description of Proposed Business Activity				

INSURANCE INFORMATION		
(Note: Insurance Certificate that names "City of Tallahassee" as additional insured must be attached)		
Insurance Carrier	Policy #	Exp. Date

DESCRIPTION OF VEHICLES TO BE OPERATED ON AIRPORT PROPERTY			
Vehicle #1			
Year	Make	Model	Permit #
Tag #	State	Color	

Vehicle #2			
Year	Make	Model	Permit #
Tag #	State	Color	

Vehicle #3			
Year	Make	Model	Permit #
Tag #	State	Color	

LOCAL MANAGEMENT CONTACT INFORMATION			
Name	Job Title	Phone # ()	Fax # ()
Name	Job Title	Phone # ()	Fax # ()

Applicant agrees that all business activities conducted at Tallahassee Regional 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 Regional Airport's Rules and Regulations
- Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers.

NOTE: Documents are available at the following website: www.talgov.com/airport/misc.cfm

Signature

Date

Submit completed application to Airport Operations.