



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: |
|--------------------|-----------|------------|

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.TLHAirport.com>

Signature

Date

Submit completed application to Airport Operations.