

## SCOTTSDALE AIRPORT AND AIRPARK FUEL FACILITY PERMIT



(Required for self-fueling on the airport or in the airpark from a fuel storage facility)

Fields in RED are required fields.

## Application for:

Airpark Fuel Storage Facility	☐ Airport Fu	uel Storage Facility	
Applicant (Business Name):			
Authorized Representative, title:		Email Address:	
Work Phone:	Cell Phone:	Fax:	
Mailing Address:			
City:	State:	Zip Code:	
Aircraft Fuel Storage Location/Hangar Address:			
Billing Address:			
City:	State:	Zip Code:	
Billing Phone:	Billing Email:		

The Applicant requests approval to operate a fuel storage facility for self-fueling of based aircraft on the airport or in the airpark, and agrees to the following:

- 1. FEE PAYMENT: The Applicant shall pay the monthly fuel flow fees on time for fuel dispensed into fixed wing aircraft, and all required fees including late fees, interest and penalties.
- 2. PERMIT LIMITATIONS: This permit may not be assigned or transferred. A holder of this permit shall not dispense or permit the dispensing of aircraft fuels into non-based aircraft. This permit shall remain in effect unless otherwise suspended or revoked.
- 3. INFORMATION CHANGES: The Applicant shall notify Aviation Administration, in writing within fifteen (15) days, of any change to the information provided.
- 4. STORAGE AREA INSPECTION: The Applicant certifies the fuel storage area has been inspected and meets all applicable laws.

fuel inventory reconciliation reports listing the type and amount of fuel dispensed to all aircraft, fuel received, spilled or otherwise accounted for. 6. INDEMNIFICATION: The Applicant shall indemnify the City pursuant to Chapter 5 of the Scottsdale Revised Code. Applicant shall grant City representatives access to fuel storage areas and all fuel storage records at reasonable times for purposes of determining compliance with the law. 7. COMPLIANCE WITH THE LAW: The Applicant shall comply with all applicable laws, ordinances, rules and regulations. To view regulations, go to http://www.scottsdaleaz.gov/airport/regulatorydocs The undersigned representative certifies he/she is authorized to sign for the business and acknowledges receipt of a copy of this permit. Applicant Signature: Date: By checking this box, I affirm that the information entered above is accurate and that the name typed above represents my official signature. Please save the form to your documents, submit the form with an electronic signature to kkuester@scottsdaleaz.gov OR print, sign and return to: 15000 N. Airport Drive, Suite 100, Scottsdale, AZ 85260 Staff Use Only Application, permits and insurance reviewed by: Aviation Director's Comments/ Stipulations: Approved by Aviation Director or designee:

5. REPORTING: The Applicant shall provide copies of all tests and reports required by Federal, State, County and local laws, and monthly