

SCOTTSDALE AIRPORT AERONAUTICAL BUSINESS PERMIT - AIRPARK



Permit required to conduct commercial aeronautical activity in the Airpark

Business or activity to	be be	conducted	(check all	that	apply):
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☐ Aircraft S	Sales Services		Aircraft Management Services
Aircraft (Charter Services		Aircraft Engine Overhaul Services
☐ Charter I	Brokerage Services		Specialized Commercial Flying Services
☐ Hangar/S	Shade Leasing Services		Helicopter Maintenance & Repair Services
☐ Helicopt	er Flight Training Services		Helicopter Leasing/Rental Services
☐ Helicopt	er Specialized Commercial Flying Servi	ces	Other (please list service):
further inforr Applicant / B	mation and standards for each type of usiness Name:	business.	
Authorized R	epresentative / Title:		
Work Phone:		Cell Phone:	
Mailing Addr	ess:		City:
State:	Zip Code:	Email:	
Billing Addre	ss:		City:
State:	Zip Code:	_ Billing Email: _	
Billing Phone	:		
The Applican	t hereby requests the above action(s)	, and in considerat	cion of this request being granted, agrees to the following:
1. FEE PAY	MENT: The Applicant agrees to pay a	II applicable fees	on time, and all required fees including late fees, interest and
•	s without deduction of any kind. LIMITATIONS: This permit may not be	e assigned or tran	sferred, and is limited to the approved business activity listed
3. INFORM	ATION CHANGES: The Applicant shall mation provided.	notify Airport Adm	ninistration, in writing within fifteen (15) days, of any change to
-			perty while operating at Scottsdale Airport.
			he City pursuant to Chapter 5 of the Scottsdale Revised Code
		-	nit holder shall endorse all liability insurance policies to include r agrees to waive their insurers' subrogation rights against the
-	cottsdale, and its Officers, Directors, C		
6. COMPLIA		shall comply with	all applicable laws, ordinances, rules and regulations. To view
The under accurate	= :	/she is authorized t	to sign for the business and the information entered above is
Applicant S	gnature:		Date:

Completed electronic forms may be submitted to kkuester@scottsdaleaz.gov or returned to 15000 N. Airport Drive, Suite 100, Scottsdale AZ 85260



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Staff Use Only

Applicant / Business Name:		
Application and documentation reviewed by:		
Aviation Director's Comments/Stipulations:		
Approved by Aviation Director or designee:	Date:	
Date Ratified by the Airport Advisory Commission:		
ABP Account Number:		