

SCOTTSDALE AIRPORT AERONAUTICAL BUSINESS PERMIT - AIRPARK



Permit required to conduct commercial aeronautical activity in the Airpark

Business or activity to be conducted (check all that apply):

Aircraft Sale	es Services		
Aircraft Cha	arter Services	☐ Aircraft Engine Overhaul Services	
☐ Charter Brol	kerage Services	☐ Specialized Commercial Flying Services	
☐ Hangar/Sha	ide Leasing Services	☐ Helicopter Maintenance & Repair Services	
☐ Helicopter F	Flight Training Services	☐ Helicopter Leasing/Rental Services	
☐ Helicopter S	Specialized Commercial Flying Se	vices Other (please list service):	
further informat Applicant / Busir	tion and standards for each type		for
Authorized Repr	resentative / Title:		
Work Phone:		Cell Phone:	
Mailing Address:	:	City:	
State:	Zip Code:	Email:	_
Billing Address: _		City:	_
State:	Zip Code:	Billing Email:	_
Billing Phone:			
The Applicant he	ereby requests the above action	s), and in consideration of this request being granted, agrees to the following:	
1. FEE PAYME!	NT: The Applicant agrees to pay	all applicable fees on time, and all required fees including late fees, interest a	ınd
•	ithout deduction of any kind. IITATIONS: This permit may not	be assigned or transferred, and is limited to the approved business activity list	ted
3. INFORMATION	ON CHANGES: The Applicant shartion provided.	I notify Airport Administration, in writing within fifteen (15) days, of any change	to
•	•	oss to personal property while operating at Scottsdale Airport.	
		es shall indemnify the City pursuant to Chapter 5 of the Scottsdale Revised Co	
-		ing Standards, permit holder shall endorse all liability insurance policies to inclued. Applicant further agrees to waive their insurers' subrogation rights against t	
-	tsdale, and its Officers, Directors		.iie
6. COMPLIANC	-	shall comply with all applicable laws, ordinances, rules and regulations. To vi	ew
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=	ned representative certifies that I	e/she is authorized to sign for the business and the information entered above is	
accurate.			



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Staff Use Only

Applicant / Business Name:		
Application and decrease at the constitution of the constitution o		
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:		