



# 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):**

- |  |   |
|--|---|
| <input type="checkbox"/> Aircraft Sales Services                           | <input type="checkbox"/> Aircraft Management Services             |
| <input type="checkbox"/> Aircraft Charter Services                         | <input type="checkbox"/> Aircraft Engine Overhaul Services        |
| <input type="checkbox"/> Charter Brokerage Services                        | <input type="checkbox"/> Specialized Commercial Flying Services   |
| <input type="checkbox"/> Hangar/Shade Leasing Services                     | <input type="checkbox"/> Helicopter Maintenance & Repair Services |
| <input type="checkbox"/> Helicopter Flight Training Services               | <input type="checkbox"/> Helicopter Leasing/Rental Services       |
| <input type="checkbox"/> Helicopter Specialized Commercial Flying Services | <input type="checkbox"/> Other (please list service): _____       |

These activities are limited by City ordinance and the Airpark Minimum Operating Standards. Please refer to each document for further information and standards for each type of business.

Applicant / Business Name: \_\_\_\_\_

Authorized Representative / Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Billing Phone: \_\_\_\_\_

The Applicant hereby requests the above action(s), and in consideration of this request being granted, agrees to the following:

- FEE PAYMENT:** The Applicant agrees to pay all applicable fees on time, and all required fees including late fees, interest and penalties without deduction of any kind.
- PERMIT LIMITATIONS:** This permit may not be assigned or transferred, and is limited to the approved business activity listed above
- INFORMATION CHANGES:** The Applicant shall notify Airport Administration, in writing within fifteen (15) days, of any change to the information provided.
- The City assumes no liability for damage or loss to personal property while operating at Scottsdale Airport.
- INDEMNIFICATION:** The Applicant and invitees shall indemnify the City pursuant to Chapter 5 of the Scottsdale Revised Code. As required by the Airport Minimum Operating Standards, permit holder shall endorse all liability insurance policies to include the City of Scottsdale as an additional insured. Applicant further agrees to waive their insurers' subrogation rights against the City of Scottsdale, and its Officers, Directors, Commissioners and Employees.
- 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 that he/she is authorized to sign for the business and the information entered above is accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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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: \_\_\_\_\_