New Tenant Application Information Packet Jack Edwards National Airport

Please attach additional documents where space is not adequate.

Please fill out the following pages to tell us about yourself and your business.

Section 1: Organization and Request (This information is required):

A.	Applicant Legal Name		
В.	Applicant's Office Location	Address	State Zip
C.	Representative Legal Name		
D.	Representative's Office Location	Address	State Zip
	Type of Organization		
	Sole Proprietorship	☐Yes ☐No	Name
	Partnership	□Yes □No	Name
	Corporation	□Yes □No	Name
	Limited Liability Company	□Yes □No	Name
	Other	□Yes □No	Name and Explanation
F.	Type of Application:		
	New Application	□Yes □ No	
	Agreement Assignment	□Yes □ No	Explanation
	Ownership Change	□Yes □ No	Explanation
	Other	□Yes □No	Explanation

Section 2: Business Plan (This information is required):

A.	Type of Business:							
	Full Fixed Base Operator	□Yes □No						
	Limited Fixed Base Operator	☐Yes ☐No Type						
	Non-Aeronautical Services	☐Yes ☐No Type						
B.	Type of Investments:							
	Land	☐Yes ☐No Size						
	Facilities	Yes No Type and Size						
	Improvements	Yes No Type and Size						
C.	Identity of Investors:							
	Applicant	Yes No Amount or Percentage of Investment						
	Other	Yes No Amount or Percentage of Investment Name:						
D.	Proposed Insurance Plan for New Business:							
	Property Coverage	☐Yes ☐No Amount and Company						
	Liability Coverage	Yes No Amount and Company						
E.	Please submit any proposed layout plan or site plan that you have prepared for thi proposed business.							
F.	Please be prepared to present all business plans to the Airport Authority Board of Directors.							

Section 3: Qualifications and Experience (This information is required):

A.	Previous Experience:								
	This Business	Yes No Location and Years							
	Airport Reference	Address State Zip							
	Airport Reference	Address State Zip							
	Other Businesses	☐Yes ☐No Identify and Years							
	Business Reference	Address State Zip							
	Business Reference	Address State Zip							
B.	Aeronautical Certifications Held or Applied For:								
	Federal Aviation Administration	Yes No Identify and Dates							
	State Aviation Department	☐Yes ☐No Identify and Dates							
	Other Aeronautical Agency	Yes No Identify and Dates							
C.	Educational Background:								
	Colleges or Universities	Yes No Identify, Degree and Date	es						
	Aeronautical Schools	Yes No Identify, Degree and Date	es						

Section 4: Background Information (This information is required)::

A.	Legal Information								
	Criminal Convictions	☐Yes ☐No Identify	and Status _						
	Civil Convictions	Yes No Identify	and Status _						
	Regulatory Violations	Yes No Identify	and Status_						
	Bankruptcy Judgments	Yes No Identify	and Status_						
	Tax Liens	☐Yes ☐No Identify and Status							
	Legal Reference	Address							
	Legal Reference	Address							
				- 1					
B.	. Financial Information								
	Submit a current credit report for this application.								
	Submit a five-year pro-forma financial projection for this application.								
	Financial Reference Address State Zip								
		City	_State	Zip					
	Financial Reference	Address							
		City	State	7in					

Section 5: Signature and Warranty

Ву	affixing	my									certify			
			(ap	olicant)	and	that	I po	ssess	the	legal	authority	to m	ake	this
appl	ication.													
Sign	ied:	7.1				_								
		(App	licant Na	me and	Title))		(Dat	e)					
Note	ary Public													
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