Appendix A

FRANCHISE AND LEASE APPLICATION
Use this application form to request a Franchise (land lease) or Facility lease at Flagler County Airport. Complete all blocks with the appropriate information; mark blocks “N/A” when they do not apply to your request. Continue on separate sheets if additional room is required.

Type or Print Application Clearly

DATE: _________________________ 20____

1. APPLICANT INFORMATION

NAME: ______________________________________________________
   Name of individual completing this application

ADDRESS: ___________________________________________________
   Street address or P.O. Box, State, Zip Code

PHONE NUMBER: ________________________       ______________________
   work      home

FACSIMILE: ______________________    EMAIL: _____________________________

SOCIAL SECURITY NO:________________ CITIZENSHIP:____________________

If applying as a business or other legal entity, complete the following:

NAME OF COMPANY/BUSINESS: ________________________________

PRESIDENT/PARTNERS: ________________________________ Name(s)

FEDERAL TAX I.D. NUMBER: ________________________________

BUSINESS ADDRESS: ________________________________
   Street address or P.O. Box, State, Zip Code

DESCRIBE PRESENT BUSINESS: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Have you or any interested parties in this application ever filed bankruptcy?
____Yes____No

Have you or any interested parties in this application ever been convicted of a felony?
____Yes____No

2. PURPOSE OF APPLICATION (check one):

☐ LAND FRANCHISE: All persons wishing to construct improvements at the Airport must first enter into a Land Lease or Franchise for a suitable parcel. Return this form to the Airport Manager, who will initiate the Lease/Franchise approval process, which will include approval or disapproval by the Flagler County Board of County Commissioners.

☐ FACILITY LEASE: All persons wishing to occupy County-owned improvements at the Airport must first enter into a Facility Lease for the desired facility. Return this form to the Airport Director, who will initiate the lease approval process, which will include approval or disapproval by the Flagler County Board of County Commissioners.

3. NATURE OF PROPOSED BUSINESS: Check all activities proposed to be conducted the first day of operations.

A. Aircraft Support Services:

___Aircraft storage
___Aircraft painting
___Aircraft maintenance (major and or minor repair)
___Repair or reconditioning of used aircraft
___Aircraft parts sales
___Avionics repair, installation and/or sales
___Aircraft sales, leasing, and/or brokerage
___Sale of aeronautical items/supplies (charts, books, etc…)
___Aircraft Management

B. On-Demand Flying Services

___Aerial photography or survey
___Agricultural operations (crop-dusting)
___Aircraft Charter for any purpose
___Aircraft Rental to the public
___Corporate Flight Department
___Flight School
___Sightseeing flights
___Ground school or Flight examiner
___Other (list)___________________
___Other (list)___________________
4. BUSINESS REQUIREMENTS:

A. Building/Facility Requirements: State the type and size of building/facilities/office needed to conduct the business. Indicate any special consideration for equipment, drainage, lighting, etc.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

If applicable, attach a site plan and or drawings.

B. Will any part of the operations of this business require the storage, use of or transport of volatile, hazardous or toxic chemicals or waste on Airport property? ___Yes ___No (If yes, explain in detail)

C. Ownership: List all persons or companies that will own an interest in the proposed business.

Name: ___________________________       Phone number:____________________
Address:______________________________________________________________

Name: ___________________________       Phone number:____________________
Address:______________________________________________________________

Name: ______________________________   Phone number:__________________
Address:_______________________________________________________________

D. Management: List the person who will be managing the operations at Flagler County Airport.

Name: _________________________________Phone number:__________________
Address:_______________________________________________________________

E. Requirement for Expenditure: Will your business require Flagler County Airport to spend funds or supply labor or materials? ___Yes ___No (If yes, explain in detail)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Please sign and date the attached Certification and provide all supporting documentation

Appendix A A.3 Approved
03/03/2008
CERTIFICATION:

I certify that I am authorized to sign this application on behalf of the individuals or the Company represented on this application. I certify that to the best of my knowledge the information provided on this application is true and factual.

__________________________________  __________________________   _____________
Signature                        Title                        Date

__________________________________
Printed or Typed Name

PLEASE PROVIDE ALL INFORMATION REQUESTED ON THE FOLLOWING “SUPPORTING DOCUMENTS FORM”
SUPPORTING DOCUMENTS

Please provide a copy of all applicable supporting information indicated below.

1. A brief description of previous experience you have in the proposed business.
2. Three (3) business references
3. Three (3) credit references
4. Licenses or permits required to conduct this business (i.e., FAA Part 135 Certificate)
5. Site plans or drawings (if applicable)
6. Business Plan or Pro Forma
7. Certificate of Insurance
8. Florida Aircraft License
9. Last year’s financial statements to include balance sheet, income statement, or individual tax returns
10. Other information supporting your qualifications to do business at Flagler County Airport.

Please mail or deliver this entire application package to:

Airport Manager
Flagler County Airport
201 Airport Road
Palm Coast, FL  32164