

APPENDIX B

COMMERCIAL AERONAUTICAL SERVICE PROVIDER SUPPLEMENTAL PERMIT APPLICATION

This form provides a general list of additional information that may be required following the Airport Board's initial review of your permit application. (Appendix A).

DIRECTIONS. Legibly complete each item as applicable on this form as thoroughly and accurate as possible. When necessary, attach additional explanatory materials. Let it be known and understood, the Airport Board reserves the right to request this additional information and supporting material as it deems necessary to satisfy prerequisites for approval. All personal financial information, credit reports or other financial data obtained by or submitted pursuant to this application will be kept confidential as required by the State of Tennessee Open Records Act.

1. DECLARATION OF BUSINESS TYPE

A. SOLE PROPRIETORSHIP

Full Name _____

D/B/A _____

Address					
City		State		Zip Code	
Business Phone			Other/Cell Phone		
Social Security No.			Date of Birth		
Driver's License No.			State of Issue		

B. PARTNERSHIP

Name of Partnership _____

Date of Organization _____

	General Partnership		Limited Partnership	
Statement of Partnership Recorded			Yes	No
Date		County of		
Book		Page		
Has Partnership previously done business in TN			Yes	No

Provide the information requested for each general partner.

Name				Share	
Address					
City		State		Zip Code	
Social Security No.			Date of Birth		
Driver's License No.			State of Issue		
Name				Share	
Address					
City		State		Zip Code	
Social Security No.			Date of Birth		
Driver's License No.			State of Issue		
Name				Share	
Address					
City		State		Zip Code	
Social Security No.			Date of Birth		
Driver's License No.			State of Issue		

C. JOINT VENTURE/CO-OP

Name of Organization _____

Date of Organization _____

Joint Venture/Co-op Agreement Recorded		Yes		No
Has Partnership previously done business in TN		Yes		No

Provide the information requested for each person participating in the Joint Venture or Co-operative entity.

Name				
Address				
City		State		Zip Code
Name				
Address				
City		State		Zip Code
Name				
Address				
City		State		Zip Code

D. CORPORATION

Name _____

State of Incorporation		Date of Incorporation	
Has TN authorized Corporation to do business in TN?			
	Yes		No
How is the Corporation is held?			
	Privately		Publicly
If publicly held, where and how is stock traded?			
If a private corporation, attach a separate sheet listing the name, title, address, number of voting and non-voting shares for each officer, Director, and Principal shareholder.			

List the name, title and address of each Officer of the Corporation

Name		Title	
Address			
City	State	Zip Code	
Name		Title	
Address			
City	State	Zip Code	
Name		Title	
Address			
City	State	Zip Code	
Name		Title	
Address			
City	State	Zip Code	

Business Information

Address		Phone	
City	State	Zip Code	

Service Agent Information

Name			
Address			
City	State	Zip Code	

Attach a copy of the Articles of Incorporation or other documentation creating the Corporation.

E. LIMITED LIABILITY COMPANY (LLC)

Name of Company _____

State of Company		Date of Company	
Is this LLC recorded?			
	Yes		No
Has the State of TN authorized the LLC to do business in TN?			
	Yes		No

List the name, title and address of all members of the LLC.

Name		Title	
Address			
City	State	Zip Code	
Name		Title	
Address			
City	State	Zip Code	
Name		Title	
Address			
City	State	Zip Code	
Name		Title	
Address			
City	State	Zip Code	

Attach a copy of the agreement that formed the LLC and was filed with the State or other agency that recorded the LLC. This agreement should, at a minimum, detail the division of management and responsibilities, rights of members to withdraw capital, and the responsibilities of members to contribute new capital as necessary.

2. ADDITIONAL INFORMATION

A. REFERENCES.

(1) Three (3) business references (including Bank references) with knowledge of debt and payment history.

(2) Three (3) credit references.

B. HELD PERMITS. Copies of any and all applicable licenses, permits, or certificates required to conduct this business (ie. FAA Part 135 Certificate of Air Agency Certificate).

C. **BUSINESS PLAN.** The organization's business plan or pro forma, to include at least the following:

- (1) Explanation of the type of commercial aeronautical operation the organization proposes to run and all services it will offer and to whom.
- (2) The number of personnel to be employed at the Airport
- (3) Any required utilities, pavements, ramp etc. the organization will need.
- (4) Hours of operation to include provisions, if available, for emergencies, after hours and federal holidays.
- (5) If a similar operation exists at the Airport, contract the organization's proposed operation with that one. Include financial data and differences if available and appropriate.
- (6) List of aircraft tail number(s) and type(s) to be utilized in the proposed operation.
- (7) If applicable, provide percent of intended sales or services to: aircraft/customers based at the Airport and those based elsewhere that may visit or fly into the Airport.

D. **EXPERIENCE.** Provide details of experience that at minimum includes the following:

- (1) Details as it relates to the type of business the organization proposes to develop.
- (2) Details of the persons who will be directly involved in this business.
- (3) Specifics as to dates of experience and resulting profit and loss.
- (4) Any other experience in the field of aviation services for which this application is being made.

E. **FINANCIAL STATEMENTS.** Provide copies of current financial statements of the organization. Provide explanation(s) for any adverse or suspect information.

F. **INSURANCE.** Provide copies of certificates of insurance and/or bonds, as applicable to the operations. Explain any insurance deductibles or self-insurance scenarios. If not applicable, please annotate such.

G. **STATE AUTHORIZATION.** Provide proof of authorization to the organization to conduct (do) business in the State of Tennessee.

3. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

The applicant(s) hereby acknowledge that any business endeavor operated within the premise of the Springfield-Robertson County Airport must receive approval and be permitted prior to its commencement. Any expenditures and/or commitments made by the applicant(s) prior to receipt of approval and a permit by the Airport Board is at the sole risk of the applicant(s).

The applicant(s) hereby attest that this supplemental application is complete and accurate and respectfully request the Airport Board consider all therein and to grant approval and permission to perform the specified aeronautical activity(ies) at the Springfield-Robertson County Airport.

Title _____ Date _____
Applicant _____
Signature _____
Printed Name _____

Title _____ Date _____
Applicant _____
Signature _____
Printed Name _____

Title _____ Date _____
Applicant _____
Signature _____
Printed Name _____