

APPENDIX A

COMMERCIAL AERONAUTICAL SERVICE PROVIDER APPLICATION

All persons who desire to establish a commercial aeronautical operation to provide aviation-related services at the Springfield-Robertson County Airport must submit an application to do so with the Airport Board and receive approval prior to commencing any business activity(ies) within the boundaries of the Airport.

DIRECTIONS. Complete each item on this form as thoroughly and accurate as possible. When necessary, attach additional explanatory materials. Provided for your convenience is a Supplemental Application which gives a general list of additional information that may be required following the Airport Board’s initial review of your application. Let it be known and understood, the Airport Board reserves the right to request additional information and supporting material as deemed 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. APPLICANT INFORMATION

Applicant Name
As it shall appear on documents

Intended Status of Operations

<input type="checkbox"/>	Sole proprietorship/individual	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Limited Liability Company (LLC)	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	Other (explain) _____	<input type="checkbox"/>	Corporation

Street Address As it shall appear on documents					
City		State		Zip Code	
Phone Number		Alternate Number			
Fax Number		Email Address			
Billing Address Check here if same as Address above <input type="checkbox"/>					
City		State		Zip Code	
Contact Name and Title		EIN Number			
Phone Number		Alternate Number			
Fax Number		Email Address			

2. PERSONAL AND FINANCIAL BACKGROUND INFORMATION

Please attach additional sheets as necessary to provide required details and/or explanations.

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. <u>Has the applicant ever had a bond or surety canceled or forfeited?</u>
<i>If yes, attach a statement naming the bonding company, date, amount and reason.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. <u>Has the applicant ever been declared bankrupt?</u>
<i>If yes, attach a copy of the Petition.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. <u>Has the applicant ever been convicted of a felony?</u>
<i>If yes, provide date, court location, case number and details of conviction.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. <u>Has the applicant ever been involved in any litigation, liens, or claims against any airport, municipality or insurance, liability, or workers compensation?</u>
<i>If yes, attach detailed information on such.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. <u>Has the applicant ever had any credit problems?</u>
<i>If yes, explain.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

3. PROPOSED BUSINESS

A. NATURE OR TYPE OF BUSINESS Check all activities/operations proposed to be conducted. Please refer to the Springfield-Robertson County Minimum Standards

Aircraft Support Services	Flight Operations	On-Demand Flying Services
<input type="checkbox"/> Aircraft Storage	<input type="checkbox"/> Air Carrier Operations	<input type="checkbox"/> Aircraft rental to the public
<input type="checkbox"/> Aircraft Painting	<input type="checkbox"/> Air Taxi Operations	<input type="checkbox"/> Flight School
<input type="checkbox"/> Aircraft Maintenance (major and/or minor)	<input type="checkbox"/> Transportation of Cargo	<input type="checkbox"/> Ground school or Flight Examiner
<input type="checkbox"/> Repair or reconditioning of used aircraft	<input type="checkbox"/> Transportation of Mail	<input type="checkbox"/> Aerial operations (ie. crop dusting)
<input type="checkbox"/> Aircraft parts sales	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Corporate Flight Department
<input type="checkbox"/> Avionics sales, repair and/or installation		<input type="checkbox"/> Aircraft charter for any purpose
<input type="checkbox"/> Aircraft sales, leasing, and/or brokerage		<input type="checkbox"/> Aerial advertising
<input type="checkbox"/> Sale of aeronautical items and/or supplies (charts etc)		<input type="checkbox"/> Aerial photography or survey
<input type="checkbox"/> Aircraft Management		<input type="checkbox"/> Sightseeing flights
<input type="checkbox"/> Aircraft Detailing		
<input type="checkbox"/> Other (specify below)		<input type="checkbox"/> Other (specify below)

If 'Other' is checked above provide specifications here. _____

B. BUSINESS OWNERSHIP INFORMATION List all persons or companies that will own an interest in the proposed business, including financial institutions if applicable.

Name	_____	Phone Number	_____
Street Address	_____		
City	State	Zip Code	

Name	_____	Phone Number	_____
Street Address	_____		
City	State	Zip Code	

Name	_____	Phone Number	_____
Street Address	_____		
City	State	Zip Code	

C. BUSINESS OPERATIONS DESCRIPTION Provide responses to the below items on a separate document and attach to application upon submission.

1. Please provide a brief explanation of the type of commercial aeronautical operation(s) you propose to run and all services you will offer and to whom.
2. Identify specific needs, such as type and minimum size/square footage of land and/or existing facilities, including required utilities, pavements, ramp, etc. as applicable.
3. If proposing new construction, indicate any special consideration for equipment, drainage, lighting, etc. and describe the estimated cost of any structures and your planned method of financing such improvements. Attach a site plan and/or drawing as applicable.

NOTE: Prior to an official lease agreement with the Airport Board, the applicant must file a 7460-1 'Notice of Proposed Construction or Alteration' with the FAA and submit FAA's response to the Airport Board. If impacts to the Airport or its operations are indicated, the applicant must alleviate such to the satisfaction of the Airport Manager prior to commencing said lease, proposed construction and intended operations.

4. Identify your proposed commencement date of operations.
5. Will any part of the operations of this business require the storage, use or transport of volatile, hazardous or toxic chemicals or waste on Airport property? If yes, please explain in detail and what steps are being taken to secure the appropriate compulsory licenses.

4. 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 the foregoing 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 _____