



## Arapahoe County Public Airport Authority Minimum Standards

### APPLICATION FOR COMMERCIAL AERONAUTICAL ACTIVITIES

CHECK ONE:      \_\_\_\_\_New Application      \_\_\_\_\_Reapplication      \_\_\_\_\_Ownership Transfer/Assignment

Pursuant to PART 4 of the Minimum Standards for Commercial Aeronautical Activities adopted by the Arapahoe County Public Airport Authority, all applications must demonstrate compliance with all the PART 2, General Requirements and the specific requirements under PART 3, Sections (2) through (12) and must contain the following below listed information.

Space has been provided for response to each question. In many cases, it may be necessary to attach the requested information. If so, please indicate as "See Attached – Exhibit \_\_\_\_". Care should be taken in preparing this application as any incomplete or incorrect information may delay consideration by the Board.

Consistent with applicable law, financial information you submit may be confidential. If you wish to request that the financial information you submit be kept confidential, you must submit such information in a separate attached exhibit. Other information submitted as a part of this Application will be made available to the public upon request.

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**1) BASIC BUSINESS INFORMATION**

For Office Use

Name of Business: \_\_\_\_\_

Airport Business  
Location: \_\_\_\_\_

\_\_\_\_\_  
*(Provide copy of sublease & drawings describing facilities and auto parking areas.)*

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

Telephone: \_\_\_\_\_

Type of Business  
Services Offered: \_\_\_\_\_

Commencement  
Date: \_\_\_\_\_

Hours of  
Operation: \_\_\_\_\_

Principal  
Owners: \_\_\_\_\_

Key Personnel  
& Titles: \_\_\_\_\_





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### 3) **FINANCIAL & MARKET INFORMATION:**

- A. Provide a written confirmation of account status and history from bank (*see sample bank letter*):
  
  
  
  
  
  
  
  
  
  
- B. Provide a full description of proposed nature of the operation. Include all services to be provided, number of persons to be employed, and any expansion plans, etc.:
  
  
  
  
  
  
  
  
  
  
- C. Provide a statement of need for your proposed operation at the Airport:
  
  
  
  
  
  
  
  
  
  
- D. Provide a deposit equal to 50% of the anticipated annual aircraft and/or activity fees (*does not apply to activities under Sections 2 and 2.5 or re-applications*):
  
  
  
  
  
  
  
  
  
  
- E. Provide the appropriate non-refundable application fee:

For Office Use

#### **PLEASE NOTE:**

The Authority reserves the right to ask for additional financial and market information in order to determine whether the operator is reasonably fit, willing and able to discharge its economic obligations to the Airport community. Examples of additional information include but are not limited to market analysis, cash flow, profit and loss projections, financial statements prepared by a Certified Public Accountant, credit reports on the business or each party owning or having a financial interest in the business.



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### 4) **INSURANCE & OTHER INFORMATION:**

- List all types and amounts of insurance coverage to be maintained for the proposed operation. Include a copy of your certificate of insurance listing the Arapahoe County Public Airport Authority as additional insured and reflecting at least the required minimum liability coverages for your proposed operation.
  
- If the proposed operation includes rental, sales or flight training, provide a copy of your student/renter insurance disclosure notice as well as evidence that the same notice has been incorporated in any rental agreements.

For Office Use

The applicants hereby respectfully request that the Arapahoe County Public Airport Authority consider the foregoing application by the following date, \_\_\_\_\_, for permission to perform the specified aeronautical activities at Centennial Airport.

To be acknowledged and signed by each principal owner (ie President, General Partner, CEO, CFO, Chairman, Secretary, Treasurer etc.)

Completed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

For Office Use  
DATE REVIEW  
COMPLETED:

For Office Use  
DATE OF PUBLIC  
HEARING:

For Office Use  
WHEN PUBLISHED: