

KERRVILLE/KERR COUNTY AIRPORT AERONAUTICAL BUSINESS PERMIT
(Required to conduct commercial aeronautical activity on the Airport)

Business or activity to be conducted (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Aircraft Charter Services | <input type="checkbox"/> Aircraft Washing Service |
| <input type="checkbox"/> Aircraft Leasing or Rental Services | <input type="checkbox"/> Hangar/Patio Hangar Leasing Services |
| <input type="checkbox"/> Aircraft maintenance and Repair Services | <input type="checkbox"/> Flight Training Services |
| <input type="checkbox"/> Aircraft Management | <input type="checkbox"/> Fixed Base Operator |
| <input type="checkbox"/> Aircraft Sales Services | <input type="checkbox"/> On-Airport Rental Car Concession |
| <input type="checkbox"/> Aircraft Mobile Maint. & Repair Services | <input type="checkbox"/> Off-Airport Rental Car Concession |
| <input type="checkbox"/> Specialized Aircraft Repair Services (list service) | |

Specialized Commercial Flying Services (list services)

Other

These activities are limited to the Airport by ordinance. Please refer to the Airport Minimum Operating Standards for further information on each type of business.

Applicant

Authorized Representative: _____ Title: _____

Business Address: _____ City, State, Zip: _____

Billing Address: _____ City, State, Zip: _____

Phone: (work): _____ (fax:) _____ (emergency): _____

The Applicant hereby requests the above action(s) from the Airport Board for the privilege of conducting commercial Aeronautical Activities on the Airport.

The undersigned representative certifies he/she is authorized to sign for the business and acknowledges receipt of a copy of this permit.

Authorized Representative's Signature

Date Signed

Approved by

Airport Manager

Date Signed