



MIAMI-DADE AVIATION DEPARTMENT PERMIT APPLICATION

1. Name of Applicant:		
2. Name of Company:		
3. Address:		
4. City:	5. State:	6. Zip Code:
7. Days Open:		8. Business Hours:
9. Business Phone:	10. Fax Number:	11. Cell Number:
12. Emergency Contact Number:		
13. Email Address:		
14. Official Representative(s):		
15. Job Title(s):		
16. Address to which Invoices are to be Sent:		
17. Applicant is (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporate		
18. If company is a Corporation, is the applicant a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. If yes, please provide name and address of Parent Corporation:		
20. Describe the nature and extent of the business activity to be conducted on the airport: <i>(Attach additional sheets if necessary).</i>		
21. Provide the name(s) of the customer(s), firm(s) or organization(s) that will be serviced by the business activity at the airport. In addition, list business hours. <i>(Attach additional sheets if necessary).</i>		



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22. Provide the name(s) of your employee(s) holding a position of management control for purposes of service of notices and indicate the respective fax phone numbers, where fax notices may be sent: *(Attach additional sheets if necessary).*

23. **Attach a Table of Organization** identifying the employees and respective supervisors involved in Business conducted on airport property and a listing of principals, officers and registered agents.

24. **Business Tax Receipt:** A copy must be attached (submitted) with the Permit Application.

25. What areas of the airport will the applicant need access to:

26. List vehicles and equipment that will be brought to the Airport. Provide make, model and year: *(Attach additional sheets if necessary).*

27. **Application Fee:** Permit application fee in the amount of **\$1,000.00** (non-refundable) must be submitted with the completed application.

IMPORTANT:

- ❖ ***Submittal of application does not guaranty permit approval. The County reserves the right not to approve the permit application and the right not to execute the permit.***
- ❖ ***The offer of a Permit not fully executed within ninety calendar days of the transmittal date will be rescinded and the application fee will be forfeited. The applicant will be required to reapply and pay the required application fee.***
- ❖ ***Permittees must obtain and maintain active all licenses, certificates and other documents required by law for the conduct of business set forth in this application.***

I, the undersigned applicant, understand that the information in this Permit Application is to be relied upon by the County in considering to grant a Permit and warrant the information I have given to be true.

Attest: _____ Date: _____
Signature

NOTE: ALL DOCUMENTS MUST BE SIGNED BY AN OFFICER OR OWNER.