



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

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

26. **Application Fee: New 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.***
- ❖ ***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: \_\_\_\_\_  
Signature

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

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