

ALPINE-CASPARIS MUNICIPAL AIRPORT LEASE APPLICATION/NOTIFICATION

FURNISH COPIES OF THIS COMPLETED APPLICATION TO:

1/ Chairperson of the Airport Advisory Board 2/ Alpine City Hall Attn Airport Manager

Use this Application Form to request a Land Lease, a Facilities Lease, or as required written notification to the City of Alpine. Complete all blocks with the appropriate information; mark blocks "N/A" when they do not apply to your request. Continue on separate sheets if additional room is required.

1. INITIAL THE LEASE OR LEASES OR PERMIT FOR WHICH YOU ARE APPLYING:

WRITTEN NOTIFICATION: * All persons (other than transient aircraft operators) using the Alpine-Casparis Municipal Airport for commercial purposes are required to provide written notification to the City. * All persons planning to hold an 'event' (such as a fly-in, field trips, hangar dinner/dances) must provide written notification to the City.

LAND LEASE: All persons wishing to construct improvements at the Airport must first enter into a Land Lease for a suitable Parcel. Return this form to the Airport Manager who will initiate the lease approval process, which will include review by the Airport Board, City Attorney and final approval/disapproval by the City Council.

FACILITY LEASE: All persons wishing to occupy City-owned improvements at the Airport must first enter into a Facility Lease for the desired facility. Return this form to the Airport Manager.

2. APPLICANT INFORMATION

Name: _____ Phone: (____) _____-_____,
Address: _____ Fax: (____) _____-_____,
_____ E-mail: _____,
_____ Tax ID # _____
If applying as a business or other legal entity: Business Name: _____
President/CEO: _____ d.b.a. _____

3. ACTIVITIES AND START DATE PROPOSED: Initial activities proposed to be conducted. For commercial activities, this form will serve as the required written notification. REQUESTED EFFECTIVE DATE _____

- Customer Services:
Food services including catering, restaurants, etc.
Temporary lodging, such as hotel and motel operations.
Transportation services, such as rental cars, shuttle buses, and taxis
Sales, leasing, financing, insuring and/or brokerage of aircraft, airframes, engines, and/or other aeronautical items.
Storage of aircraft and parts.
Airline Operations:
Air Carrier or Air Taxi Operations
Transportation of cargo and/or mail by aircraft.
Other scheduled air transportation services or patrol activities.
Fixed Based Operator
On-Demand Flying Services:
Aerial photography or survey.
Agricultural operations (including "crop dusting").
Aircraft Charter operations for any purpose.
Aircraft rental to the public.
Banner towing.
Corporate Flight Operations.
Dropping objects from aircraft.
Fire fighting (water and chemical applications) and "smoke jumping".
Pilot instruction conducted independently of an FAR Part 141 certified flight school.
Pilot Schools conducted in accordance with FAR part 141
Parachute jumping.
Sightseeing flights.
Aircraft Support Services:
Aircraft manufacture, maintenance, repair and storage (as defined by the FARs):
Aircraft painting and/or washing using chemicals.
Aircraft major and minor repair and maintenance
Manufacture, repair, or reconditioning of either new and/or used aircraft and /or parts.
Specialized repair services for aircraft appliances or aircraft components.
Warranty or guarantee service of supply.
Flammable liquid storage and/or sales
Preventive Maintenance for aircraft
Other (list) _____
Private/non-commercial Hangar/Aircraft storage

The City Council may elect to review any application for approval, modification, or disapproval

(Applicant Initials)

ALPINE - CASPARIS MUNICIPAL AIRPORT LEASE/COMMERCIAL PERMIT APPLICATION

4. Aircraft to be based on the Leasehold (if any) *add address, tel and emegency contact name & tel on last page:

Make and Year	Model	Registration	Registered Owner/s
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Toxic or hazardous chemicals/substances, subject to regulation, permitting, and inspection by the EPA or TX State Environment Department, to be used/stored on the leasehold or other location on the Airport

6. Briefly Describe Your Proposed Land or Facility Requirements and Location on the Airport

7. FOR FACILITY LEASES ONLY: what Lease Terms do You Desire:

_____ One (1) year. _____ Monthly, from the 1st to 31st.
_____ Other. Describe:

8. FOR LAND LEASES ONLY: Briefly Describe the Proposed Improvements You Plan to Construct:

9. REFERENCES

	Name	Phone
1.-	_____	(____) _____-_____,
2.-	_____	(____) _____-_____,
3.-	_____	(____) _____-_____,

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APPLICANT'S CERTIFICATION: The above application is true and complete to the best of my knowledge.

(Date of Application)

(Printed or typed Name of Applicant)

(Signature of Applicant)

Return this form to the Airport Manager for processing, with the following attached:

Proof of insurance.

Any additional information continued from the application, referenced by question number.

If operating an FAA Certified business, a copy of the Certificate/Certificates.

ALPINE - CASPARIS MUNICIPAL AIRPORT LEASE/COMMERCIAL PERMIT APPLICATION

CONTINUATION SHEET:

Please continue any narrative from the application on this page.

Please reference your continuation by number.

Please attach additional continuation pages as required

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