

## **Appendix A**

# **FRANCHISE AND LEASE APPLICATION**

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**FLAGLER COUNTY AIRPORT**

<p style="text-align: center;"><b>Airport Franchise and Lease Application</b></p> <p style="text-align: center;">Return this completed application to: Airport Manager, Flagler County Airport 201 Airport Road, Palm Coast FL 32164</p>
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Use this application form to request a Franchise (land lease) or Facility lease at Flagler County Airport. 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.

Type or Print Application Clearly

DATE : \_\_\_\_\_ 20\_\_\_\_

**1. APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
Name of individual completing this application

ADDRESS: \_\_\_\_\_  
Street address or P.O. Box, State, Zip Code

PHONE NUMBER: \_\_\_\_\_ work \_\_\_\_\_ home

FACSIMILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

**If applying as a business or other legal entity, complete the following:**

NAME OF COMPANY/BUSINESS: \_\_\_\_\_

PRESIDENT/PARTNERS: \_\_\_\_\_  
Name(s)

FEDERAL TAX I.D. NUMBER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street address or P.O. Box, State, Zip Code

DESCRIBE PRESENT BUSINESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you or any interested parties in this application ever filed bankruptcy?**

\_\_\_ Yes \_\_\_ No

**Have you or any interested parties in this application ever been convicted of a felony?**

\_\_\_ Yes \_\_\_ No

**2. PURPOSE OF APPLICATION** *(check one):*

**LAND FRANCHISE:** All persons wishing to construct improvements at the Airport must first enter into a Land Lease or Franchise for a suitable parcel. Return this form to the Airport Manager, who will initiate the Lease/Franchise approval process, which will include approval or disapproval by the Flagler County Board of County Commissioners.

**FACILITY LEASE:** All persons wishing to occupy County-owned improvements at the Airport must first enter into a Facility Lease for the desired facility. Return this form to the Airport Director, who will initiate the lease approval process, which will include approval or disapproval by the Flagler County Board of County Commissioners.

**3. NATURE OF PROPOSED BUSINESS: Check all activities proposed to be conducted the first day of operations.**

**A. Aircraft Support Services:**

- \_\_\_ Aircraft storage
- \_\_\_ Aircraft painting
- \_\_\_ Aircraft maintenance (major and or minor repair)
- \_\_\_ Repair or reconditioning of used aircraft
- \_\_\_ Aircraft parts sales
- \_\_\_ Avionics repair, installation and/or sales
- \_\_\_ Aircraft sales, leasing, and/or brokerage
- \_\_\_ Sale of aeronautical items/supplies (charts, books, etc...)
- \_\_\_ Aircraft Management

**B. On-Demand Flying Services**

- \_\_\_ Aerial photography or survey
- \_\_\_ Agricultural operations (crop-dusting)
- \_\_\_ Aircraft Charter for any purpose
- \_\_\_ Aircraft Rental to the public
- \_\_\_ Corporate Flight Department
- \_\_\_ Flight School
- \_\_\_ Sightseeing flights
- \_\_\_ Ground school or Flight examiner
- \_\_\_ Other (list) \_\_\_\_\_
- \_\_\_ Other (list) \_\_\_\_\_

**4. BUSINESS REQUIREMENTS:**

A. Building/Facility Requirements: State the type and size of building/facilities/office needed to conduct the business. Indicate any special consideration for equipment, drainage, lighting, etc.

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**If applicable, attach a site plan and or drawings.**

B. Will any part of the operations of this business require the storage, use of or transport of volatile, hazardous or toxic chemicals or waste on Airport property? \_\_\_Yes \_\_\_No (If yes, explain in detail)

C. Ownership: List all persons or companies that will own an interest in the proposed business.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

D. Management: List the person who will be managing the operations at Flagler County Airport.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

E. Requirement for Expenditure: Will your business require Flagler County Airport to spend funds or supply labor or materials? \_\_\_Yes \_\_\_No (If yes, explain in detail)

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**Please sign and date the attached Certification and provide all supporting documentation**



## **SUPPORTING DOCUMENTS**

**Please provide a copy of all applicable supporting information indicated below.**

1. A brief description of previous experience you have in the proposed business.
2. Three (3) business references
3. Three (3) credit references
4. Licenses or permits required to conduct this business (i.e., FAA Part 135 Certificate)
5. Site plans or drawings (if applicable)
6. Business Plan or Pro Forma
7. Certificate of Insurance
8. Florida Aircraft License
9. Last year's financial statements to include balance sheet, income statement, or individual tax returns
10. Other information supporting your qualifications to do business at Flagler County Airport.

**Please mail or deliver this entire application package to:**

**Airport Manager  
Flagler County Airport  
201 Airport Road  
Palm Coast, FL 32164**