



Santa Monica Airport

Application for Commercial Operations Permit

(Please note this is a public document)

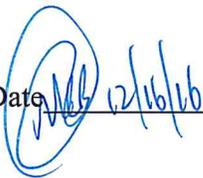
Please refer to the attached Santa Monica Municipal Code Sections governing Commercial Operations Permits.

- Do you want to operate as:
- 1) A full service FBO [Aviation Service Provider]
 - 2) Specialty, limited FBO [Aviation Service Provider] or other aviation related business
 - 3) Non-aviation related business

All applicants, whether applying for a based or non-based Commercial Operations Permit, are required to provide the following information:

1. Name of Applicant: Delux Public Charter LLC
 Name(s) of All Principal(s): Alexander Wilcox, Keith Rabin, Michael Bata
 Name of On-Site Manager: Lisa Whalen
 Emergency Contact Name & Phone Number: Lisa Whalen 949-892-4319
 Applicant's Current Business Name and Business or Contact Address:
JetSuiteX
18952 Macarthur Blvd Suite 200 Irvine, CA 92612
 Phone number: 949-892-4300
 Email Address: michael.bata@jetsuite.com
 Internet Site: www.jetsuitex.com (if applicable)

2. Legal Name of Business: Delux Public Charter LLC
 ALL Other Business Names Used: JetSuiteX

[Applicant's Initials and Date  12/16/16]

NOTE: Operating under a business name not specified in a COP is a material breach of the permit. No business(es) operating under an unlisted name in a COP are permitted to operate at the Airport. Specify type of business organization (i.e. corporation private company, partnership, etc.):

Indicate the state and identification number of corporation, limited liability corporation or other identifying number for entity.

State of Delaware DE File Number for Delux Public Charter LLC 5757320

Please provide details of relationship to operation of the Commercial Operations Permit activity: We are an On-Demand Public Charter company flying Embraer 135LR. We would like to operate at the address stated below. We are awaiting approval of our lease application.

3. Proposed Leasehold Address, square footage of proposed leasehold, Lessor's Name and proposed **Airport** Address - **OR** explanation of why a leasehold location is not required and where the proposed operations will occur (submit copy of a sublease agreement and letter from the proposed master leaseholder approving the proposed operation):

3100 Donald Douglas Loop Santa Monica, CA 90403

1,985 Square Feet

Note: Conducting business/commercial activity under any name or entity not specified in a Commercial Operations Permit shall be considered a material breach of the Permit.

4. Specify in Detail the Type(s) of Service to be Provided: (all proposed uses must be included, uses not specified in the application will be excluded from the approved COP and deemed not a permitted use):

Air Charter Service as approved by Title 14 CFR Part 135. Certificate number 4DPA0970

[Applicant's Initials and Date MB 2/16/16 _____]

5. Number of Persons Employed in the Proposed Business Activity: 5

6. Hours of Operation Note: Hours of operation are a material condition of a COP and violation of approved hours may result in its revocation. Unless otherwise specified, the hours of operation for any business on the Airport are 7:00 AM – 11:00 PM weekdays and 8:00 AM – 11:00 PM weekends)
0700-2200

7. Number & Types of Vehicles and, if Applicable, Number and Type of Aircraft to be Used:

Up to 10 - Embraer 135LR

Anticipated Parking Requirements for Employees, Customers, Visitors, etc. (please indicate amount of each applicable): 15

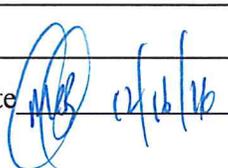
8. Please identify and describe any special materials, equipment or devices that create odors, noise, electronic signals or require special power, access or utility arrangements (and indicated any mitigation measures that would be provided) N/A

9. Describe any proposed modifications, improvements or other changes deemed necessary to the proposed leasehold site: N/A

10. Please indicate if proposed signage is desired for the proposed operation: Yes

If signage is desired please briefly describe the contemplated sign(s): _____

JetSuiteX on exterior of building or any approved building signage outside of the building

[Applicant's Initials and Date ]

11. References (give name and phone number of two responsible business people who can attest to applicant's integrity and business competence):

Stepen Maiden - President of Constant Aviation 216-233-6775

Tom Covella Group President STS Component Solutions 954-429-9571

- 12 Any additional information applicant would like to provide as to the business operation and its compatibility with the Airport and the community: JetSuiteX goal is to bring convenient, safe, and affordable air charter service to the community of Santa Monica and the traveling public.

13. I understand that I will be required to provide evidence of meeting all City of Santa Monica insurance requirements and maintaining those coverages in full force and effect throughout the term of the Commercial Operations Permit. Failure to maintain current coverages and provide City evidence thereof can result in the suspension or revocation of the Conditional Operations Permit.

14. I understand that I will be required to annually renew my Commercial Operations Permit by verifying in writing that all terms and conditions of the COP are fully being observed. I further agree to provide access for such inspections as may be required to verify compliance.

15. I affirm that all of the information in this application is true and complete to the best of my knowledge. I agree to comply with all airport rules and regulations (this includes agreement to hold the City harmless, comply with non-discrimination requirements, and to notify the airport of any change of ownership or of subleases) and with the Noise Ordinance in particular. I further understand that providing false information on this application or in subsequent submissions regarding the Commercial Operations Permit would be grounds for voiding my application or any subsequent Commercial Operations Permit that is issued. It is also understood that there will be annual reviews of any COP issued to determine conformance with the conditions established in the COP and I will be required to certify conformance. Failure to observe the conditions of a COP can result in the suspension and/or revocation of the COP.

[Applicant's Initials and Date MS 12/16/16]

I certify under penalty of perjury under the rules of the State of California that the foregoing responses are true and correct.

Signature of Applicant  _____
Title: Chief Operating Officer _____ Date: December 16, 2016 _____

Applications are not considered accepted and processed until completely and properly filled out and include all applicable attachments such as insurance certificates. A letter acknowledging acceptance of an application or indicating deficiencies will be issued by Airport administration.

City of Santa Monica

Airport Commercial Operations Permit Application Processing Form

COP Application Number – ACOP06-0 _____

Applicant Delux Public Charter LLC **Applicant Contact Number** 949-892-4300

Proposed Business Name JetSuiteX

Date application submitted _____ Received by _____

Application submission :

_____ Incomplete, letter of deficiencies sent _____ by _____

_____ Complete, letter of acceptance of application sent _____ by _____

Staff review and report prepared _____ by _____

____ Approved ____ Denied by Airport Director (Expedited Only)

____ Recommended ____ Not Recommended by Airport Commission Date _____

____ Approved ____ Denied ____ Conditionally Approved by City Manager Date _____

P. Lamont Ewell
City Manager

Date

COP permit and letter issued _____ by _____

Added to COP master log _____ by _____

Month for annual COP review _____