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: ______________________________________________________________
   Name(s) of All Principal(s): _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   Name of On-Site Manager: _________________________________________________________
   Emergency Contact Name & Phone Number: ___________________________________________
   Applicant’s Current Business Name and Business or Contact Address:  
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   Phone number: ________________________________________________
   Email Address: ______________________________________________
   Internet Site: _____________________________________________ (if applicable)

2. Legal Name of Business: _________________________________________________________
   ALL Other Business Names Used: _________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

[Applicant’s Initials and Date ___________]
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.

____________________________________________________

Please provide details of relationship to operation of the Commercial Operations Permit activity (applicable to subtenants and share tenants only):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

3. Proposed Leasehold Address, 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):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

[Applicant’s Initials and Date________________________]
5. Number of Persons Employed in the Proposed Business Activity: ________________________________

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)

7. Number & Types of Vehicles and, if Applicable, Number and Type of Aircraft to be Used:
____________________________________________________________________________________
____________________________________________________________________________________
Anticipated Parking Requirements for Employees, Customers, Visitors, etc. (please indicate amount of each applicable):
____________________________________________________________________________________

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) ________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

10. Please indicate if proposed signage is desired for the proposed operation: _______________________  
If signage is desired please briefly describe the contemplated sign(s): _______________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

[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):

____________________________________________________________________

____________________________________________________________________

12. Any additional information applicant would like to provide as to the business operation and its compatibility with the Airport and the community: __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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_________________]
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:________________________________________Date:________________________

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.