



**TEMPORARY AERONAUTICAL BUSINESS PERMIT
APPLICATION**

Date Request Submitted: _____

Is This an Application Renewal ___ Yes ___ No

APPLICANT INFORMATION

Requestor's Name _____

Address: _____

E-Mail: _____ Phone: _____

Business Name (if applicable): _____

On-Site Contact Name (if different from above): _____

E-Mail: _____ Phone: _____

PROJECTED START DATE	PROJECTED END DATE	AIRCRAFT TAIL NUMBER	HANGAR LOCATION	ESTIMATED COST OF SERVICE PROVIDED

Nature of Service Provided:

All services provided and all individuals and organizations performing the service associated with this permit must comply with the most current edition of the Kalamazoo/Battle Creek International Airport Administrative Rules and Regulations established by the Kalamazoo County Aeronautics Board of Trustees and Adopted by the Kalamazoo County Board of Commissioners.

NAME (Print): _____

NAME (Signature): _____ DATE: _____

SIGNATURE IS REQUIRED. Permit will not be processed without signature.

- Proof of Kalamazoo Business License**
- Proof of Insurance**
- Aircraft Owner/Operator Written Request**

Airport Admin Approval: _____

Date: _____