



Missoula County Airport Authority  
5225 W Broadway Street  
Missoula, MT 59808  
(406) 728-4381

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# **Aviation Operator and Lessee Application**

**DRAFT**

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Missoula County Airport Authority

*Missoula Montana Airport (MSO)*

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Date Published:

To help the Missoula County Airport Authority (Authority) make an informed decision, Applicant shall complete all relevant and applicable sections of this Operator Application and/or Aviation Lessee (Application) and submit this Application (along with any additional information, data, and/or documentation pertinent to the Applicant and/or the Aviation Commercial or Non-commercial Aeronautical Activity) to the Authority.

Please note the following:

- Applicant shall complete all relevant and applicable sections of this Application to the best of the Applicant's ability and include all pertinent information, data, and/or documentation in or with the Application.
- Commercial Applicants are expected to complete all sections of this Application.
- Non-Commercial Applicants are **NOT** expected to complete the sections of this Application which are identified as "Commercial Applicant Only".
- If any section or question is not applicable, the Applicant shall indicate N/A in the appropriate field.
- Upon completion, the Application must be signed in ink by the Applicant or an authorized representative of the Applicant.
- In case of a conflict between words and numerals, the words, unless obviously incorrect, shall govern.
- Supplemental tables, charts, diagrams, graphics, photographs, and other exhibits may be attached to the Application as necessary.

Following review of the completed and submitted Application by the Authority, the Authority may request that the Applicant complete the Supplemental Information Request Form.

SECTION I – GENERAL INFORMATION

1. Applicant's Information

A. Applicant's legal name: \_\_\_\_\_

*Indicate Applicant's legal name exactly as it would appear in any legally binding document.*

B. Business or trade name: \_\_\_\_\_

*If different from Applicant's legal name.*

C. Primary office (and contact information):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

D. Proposed or existing on-airport address (if different):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E. Applicant's authorized representative (if different from primary)

*Identify Applicant's authorized representative (for notices and communications).*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

F. Type of Applicant:

Lessee       Sublessee       Non-Based Operator       Temporary

G. Type of entity (check one):

Sole Proprietor (complete and submit [Attachment I-1-G-1](#))

Partnership (complete and submit [Attachment I-1-G-2](#))

Corporation (complete and submit [Attachment I-1-G-3](#))

Limited Liability Company (complete and submit [Attachment I-1-G-4](#))

Other (please identify) \_\_\_\_\_

H. Type of request (check one):

New Application     Assignment     Temporary     Change in Majority Ownership

I. Type of activities to be conducted (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Fixed Base Operator   | <input type="checkbox"/> Aircraft Rental  |
| <input type="checkbox"/> Aircraft Maintenance and Repair                                   | <input type="checkbox"/> Flight Training  |
| <input type="checkbox"/> Avionics/Instruments Maintenance and Repair                       | <input type="checkbox"/> Aircraft Sales   |
| <input type="checkbox"/> Aircraft Management   | <input type="checkbox"/> Aircraft Storage |
| <input type="checkbox"/> Aircraft Charter  |   |
| <input type="checkbox"/> Other Commercial Aeronautical Activity<br>(please describe) _____ |   |
| <input type="checkbox"/> Non-Commercial Aeronautical Activity<br>(please describe) _____   |   |
| <input type="checkbox"/> Non-Aeronautical Activity<br>(please describe) _____              |   |

Time Period Authorized (check one/complete):

- Permit Valid From \_\_\_ / \_\_\_ / \_\_\_\_\_ (start date) to \_\_\_ / \_\_\_ / \_\_\_\_\_ (end date).
- Permit Valid for \_\_\_ months from the date of approval.
- Permit Valid until revoked.

**2. Applicant’s Legal Statements**

Please answer the following questions as applicable to the Applicant (the entity) and the Applicant’s partners (if partnership), members (if limited liability company), or directors, officers, and major shareholders (if corporation). A major shareholder is an individual or entity owning more than 33% of the outstanding common or preferred stock.

- A. Has the Applicant ever been convicted of a felony? *If yes, please give date, place, and nature of conviction(s) on a separate sheet and identify it as **Attachment I-2-A.***  YES  NO
- B. Has the Applicant ever been convicted of a crime involving fraud, theft, or dishonesty? *If yes, please give date, place, and nature of conviction(s) on a separate sheet and identify it as **Attachment I-2-B.***  YES  NO
- C. Over the last 10 years (or longer, if significant), has the Applicant (or any entity the Applicant has held an ownership interest in) been convicted of violating any Legal Requirement related to, associated with, or that involved the proposed activities, or any other activities normally occurring at or associated with an airport? *If yes, please give date, place, and nature of violation(s) on a separate sheet and identify it as **Attachment I-2-C.***  YES  NO
- D. Have any restrictions ever been placed on the Applicant (or any entity the Applicant has held an ownership interest in) by any governmental agency related to, associated with, or that involved the proposed activities, or any other activities normally occurring at or associated with an airport? *If yes, please give date, place, and nature of the restriction(s) on a separate sheet and identify it as **Attachment I-2-D.***  YES  NO
- E. Over the last 10 years (or longer, if significant), has the Applicant had any past or pending judicial, regulatory, or administrative proceedings, investigations, arbitrations, mediations, claims, judgments, liens, or litigation against the Applicant (or any entity the Applicant has held or currently holds an ownership interest in)? *If yes, please give date, place, and nature of the action(s) on a separate sheet and identify it as **Attachment I-2-E.***  YES  NO

## SECTION I – GENERAL INFORMATION

- F. Has the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) been involved with, been declared bankrupt, filed a petition in any bankruptcy court, filed for protection from creditors in bankruptcy court, or had involuntary proceedings filed in bankruptcy court? *If yes, please give date, place, and nature of proceeding(s) on a separate sheet and identify it as **Attachment I-2-F**.*  YES  NO
- G. Has any lease, use, or operating agreement for airport land and/or Improvements or General Aviation Commercial Aviation Activities held by Applicant (or any entity the Applicant has held or currently holds an ownership interest in) ever been placed in default, cancelled, or terminated (prior to scheduled expiration)? *If yes, please give date, place, and nature of the default, cancellation, or termination on a separate sheet and identify it as **Attachment I-2-G**.*  YES  NO
- H. Has the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) ever had a bond or surety canceled or forfeited? *If yes, please give name of the bonding/surety company, name and address of principal on bond/surety and reason(s) for such cancellation or forfeiture on a separate sheet and identify it as **Attachment I-2-H**.*  YES  NO
- I. Does any member of the Authority (its governing body, employees, or outside advisors) or any federal, state, or local elected or public official or staff member have any direct or indirect financial interest in the Applicant or the Applicant's proposed operations? *If yes, please provide the name(s) of such individual(s) and describe the relationship(s) on a separate sheet and identify it as **Attachment I-2I**.*  YES  NO
- J. If the Applicant is owned, controlled, or licensed (in whole or part) by another entity (person, partnership, limited liability company, or corporation), provide the name of the entity on a separate sheet and identify it as **Attachment I-2-J**.  N/A
- K. Identify any agreements or contracts (existing, proposed, or currently being negotiated) with related parties (entities) pertaining to the proposed activity on a separate sheet and identify it as **Attachment I-2-K**.  N/A
- L. Identify any joint ventures, partnerships, or affiliate agreements or contracts (existing, proposed, or currently being negotiated) with other parties (entities) pertaining to the proposed activity on a separate sheet and identify it as **Attachment I-2-L**.  N/A
- M. If the Applicant has used or currently uses trade names or has done or currently does business under other names (fictitious or otherwise), provide the names of those entities on a separate sheet and identify it as **Attachment I-2-M**  N/A
- N. Provide a list of past (over the last 10 years) or pending insured or uninsured claims against the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) on a separate sheet and identify it as **Attachment I-2-N**. *Please give date, place, and nature of the claim(s) and whether or not (and to what extent) insurance and/or reserves have been maintained by the Applicant to cover the claim(s).*  N/A

### 3. Applicant's Qualifications and Experience (Commercial Applicant Only)

Please answer the following questions as applicable to the Applicant (the entity) and the Applicant's partners (if partnership), members (if limited liability company), and directors, officers, and major shareholders (if corporation).

A. Identify the number of years of experience Applicant has in the activities to be conducted (as identified by the Applicant in Section I-1-I).

- |   |                      |
|---|----------------------|
| ___ Fixed Base Operator                         | ___ Aircraft Rental  |
| ___ Aircraft Maintenance and Repair             | ___ Flight Training  |
| ___ Avionics/Instruments Maintenance and Repair | ___ Aircraft Sales   |
| ___ Aircraft Management                         | ___ Aircraft Storage |
| ___ Aircraft Charter                            |                      |
| ___ Other Commercial Aeronautical Activity      |                      |

B. Identify all aviation businesses owned and/or operated by the Applicant (past and present):

1. Identify the name and location of the aviation business (airport, city, and state), the type of aviation business owned and/or operated by the Applicant and provide contact information for the airport manager on a separate sheet and identify it as **Attachment I-3-B-1**.

#### 4. Applicant's Statement

The undersigned Applicant understands and states, under penalty of perjury, that:

Applicant is fully qualified, experienced, capable, and competent to lease land and/or Improvements at the Missoula Montana Airport (Airport) and engage in the activities to be conducted at the Airport and is fully aware and understands all the requirements associated with doing so.

Applicant is fully aware of and understands the conditions or circumstances which exist in the aviation industry, the community, the marketplace, and at the Airport.

Applicant understands that any entity desiring to engage in Activities at the Airport must fully comply with the Airport's Primary Management and Compliance Documents.

Applicant has provided all the information, data, and documentation requested by the Authority and it is true, accurate, and complete. Applicant acknowledges and fully understands that all of the information, data, and documentation submitted by the Applicant and all of the warranties and representations made by the Applicant including, but not limited to, those pertaining to the Applicant's qualifications, experience, capabilities, and competencies will be relied on by the Authority.

Applicant acknowledges and understands that the Authority has the right to request additional or supplemental information, data, documentation or clarification, in any area, from Applicant.

Applicant acknowledges and fully understands that the Authority has the right to conduct any inquiries or investigations the Authority considers appropriate with respect to, but not limited to, the qualifications, experience, capabilities, competence, or the reputation of Applicant and/or any or all the information, data, or documentation submitted by Applicant. Applicant authorizes the release of all information, data, or documentation sought by the Authority in such inquiry or investigation.

Applicant or any party directly related to or associated with the Applicant (e.g., Applicant's friends, families, outside advisors, vendors, suppliers, agents, or other representatives) have not and will not contact, either on an individual or collective basis, the Authority (its employees or outside advisors) or any federal, state, or local elected or public officials or staff members regarding this application unless prior written approval has been obtained from the Authority.



## SECTION I – GENERAL INFORMATION

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Applicant is responsible for all costs and expenses incurred by the Applicant in connection with the Application. Applicant fully understands that all information, data, and any other documentation submitted or provided by the Applicant shall become the property of the Authority and shall not be returned to the Applicant.

By affixing my authorized signature, I, hereby certify that I am the \_\_\_\_\_ (title) and the duly authorized representative of \_\_\_\_\_ (Applicant's name). I possess the legal authority to make this statement on behalf of Applicant and I do solemnly declare and affirm under penalty of perjury that I fully understand, accept, agree to, and will comply fully with the terms, conditions, and provisions of this Application and this statement.

Applicant:

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Witnessed:

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_



SECTION I – GENERAL INFORMATION

5. Applicant’s Affidavit

Affiant, \_\_\_\_\_, of the municipality of \_\_\_\_\_, in the County of \_\_\_\_\_, and the State of \_\_\_\_\_, of full age, being first duly sworn according to law on my oath, deposes and says that:

- 1. Affiant states that this Application is genuine; that it is not a sham or collusive in any way; that it (and all the information, data, and documentation provided in conjunction with it) is true, accurate, and complete; and that it is not made in the interest of or on the behalf of any entity not named or disclosed herein.
2. Affiant does hereby state that neither the Applicant nor any of Applicant’s officers, partners, owners, shareholders, agents, representatives, employees, or parties in interest, has, in any manner conspired, colluded, connived, or agreed, directly or indirectly, with any person, firm, corporation, or other applicant or potential applicant to unfairly compete or compromise, in any way, the application process and the Applicant has not paid or agreed to pay, directly or indirectly, any person, partnership, company, association, organization, corporation, or any other applicant or any potential applicant and has not paid any money or provided any other valuable consideration to any party for providing assistance in seeking acceptance of the Application or attempting to seek acceptance of the Application or fix the proposed terms, conditions, or provisions of this Application or any other application of any other Applicant, and hereby states that no such money or other reward will be hereinafter paid.
3. Affiant further states that the Applicant (or any partner, member, director, officer, shareholder, agent, representative, or employee of the Applicant) or any parties holding an ownership interest in the Applicant has not recommended or suggested to the Authority or any of its officers, agents, representatives, employees, or parties in interest, any of the terms, conditions, or provisions not set forth in this Application, except at a meeting open to all interested Applicants, of which proper notice was given.
4. Affiant further states that the Applicant (or any partner, member, director, officer, shareholder, agent, representative, or employee of the Applicant) or any parties holding an ownership interest in the Applicant is not a member of the Authority (its employees or outside advisors) nor a federal, state, or local elected or public official or staff member or is a related party except as noted herein below:

Affiant:

Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Seal of Notary)

Notary Public

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Commission Expires

**SECTION II - LAND AND/OR IMPROVEMENTS**

**1. Proposed Property**

- A. Identify the proposed property on the Airport Layout Plan/Aerial Photograph – attach and identify as **Attachment II-1-A**.
- B. Provide a preliminary drawing identifying the land and existing Improvement(s) Applicant desires to lease – attach and identify as **Attachment II-1-B**.
- C. Describe the existing Improvement(s) Applicant desires to lease.
  1. Include terminal building; hangar, office, shop, storage space; apron (including tiedowns), and/or vehicle parking space; and any other improvements.

**2. Proposed Improvements**

If Applicant intends to make Improvements to the proposed property (including improving, enhancing, or renovating existing Improvements and/or developing new Improvements), provide a description of (and preliminary specifications for) the proposed Improvements (by major component). If necessary, attach a separate sheet and identify it as **Attachment II-2-A**. Provide an estimate of the cost of the proposed improvements or other capital investment.

**SECTION III – BUSINESS PLAN (COMMERCIAL APPLICATIONS ONLY)**

Applicants must address each element completely and accurately and furnish any required information, data, and/or documentation. The Executive Summary shall be typewritten and if bound, it shall be bound on the long side of the paper.

**1. Executive Summary**

The Executive Summary shall, at a minimum, outline the following elements of the business plan:

- A. Name of the Applicant.
- B. A summary of the range, level, and quality of products, services, and facilities proposed to be provided by the Applicant.
- C. The qualifications, experience, capabilities, and competencies of the Applicant as it relates specifically to the proposed activities.
  1. A summary of the products, services, and facilities currently being provided by Applicant.
- D. A summary of the compensation (rents, fees, and other charges) proposed to be paid to the Authority.
- E. A summary of the capital investment in aircraft, vehicles, and equipment proposed to be made (and why needed).
- F. For Applicant's desiring to lease and/or developing Airport land, must provide a summary of:
  1. The land and Improvements proposed to be leased from the Authority.
  2. The lease term (proposed commencement date, base term, and renewal options).
  3. The capital investment proposed to be made in leasehold and/or Airport Improvements (and why needed), the cost of the proposed Improvements, the amortization period for the proposed Improvements, the source of funding for the proposed Improvements, and the schedule for the development and completion of the proposed Improvements.
- G. A statement explaining why the Authority should allow the Applicant to conduct the activity at the Airport.
- H. Signature (in ink) by a representative authorized to make commitments and/or enter into agreements on behalf of the Applicant.

**2. Additional Information**

The Applicant may include any supplemental information, data, and/or documentation which may be useful in helping the Authority evaluate the qualifications and experience of the Applicant.



## ATTACHMENT I-1-G-1 SOLE PROPRIETOR

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The Applicant warrants the following:

If a SOLE PROPRIETOR, please complete the following:

- A. The undersigned is an individual doing business under the name of \_\_\_\_\_ in the municipality of \_\_\_\_\_, in the County of \_\_\_\_\_ in the State of \_\_\_\_\_.
  - B. Date operations began: \_\_\_\_\_
  - C. Is the Sole Proprietorship qualified to do business in the State of Montana?  
 YES  NO
1. Please provide financial statements for the last complete year of the business. If Applicant is proposing a non-commercial use, please provide tax return for the last year. Personal identifiers may be redacted (social security number, etc.)



**ATTACHMENT I-1-G-2 PARTNERSHIP**

The Applicant warrants the following:

If a PARTNERSHIP, please complete the following:

A. The undersigned is an individual doing business under the name of \_\_\_\_\_ in the municipality of \_\_\_\_\_, in the County of \_\_\_\_\_ in the State of \_\_\_\_\_.

B. Describe type of partnership (check one)

- General Partnership                       Joint Venture
- Limited Partnership                       Other (identify): \_\_\_\_\_

C. Date Partnership was formed: \_\_\_\_\_

D. Is the Partnership qualified to do business in the State of Montana?

YES    NO

1. Please provide evidence that business is registered in the State of Montana or registered to do business in the State of Montana.
2. Please provide financial statements for the last complete year of business for the partnership.

E. Has the partnership been recorded? (If yes, please indicate where and when?)

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

F. The following is a complete and accurate list of names of the partners – if necessary, attach a separate sheet and identify it as **Attachment I-1-G-2-F**.

Name/Title	Business Address	City	State	Zip

The Applicant warrants the following:

If a CORPORATION, please complete the following:

- A. The undersigned is a duly authorized officer acting as \_\_\_\_\_ (title) of \_\_\_\_\_ (Applicant Company name) a corporation organized on \_\_\_\_\_ (date) and existing under the laws of the State of \_\_\_\_\_.
- B. Is the corporation in good standing? (If yes, attach a current copy of the certificate of good standing and identify it as **Attachment I-1-G-3-B**)
 

YES  NO
- C. Is the corporation qualified to do business in the State of Montana?
 

YES  NO

  - 1. Please provide evidence that business is registered in the State of Montana or registered to do business in the State of Montana.
- D. Please provide financial statements for the last complete year of business.
- E. The corporation is: (check one)
 

Public  Private

  - 1. If a publicly traded corporation, how and where is the stock traded?
 

\_\_\_\_\_
- F. The following is a complete and accurate list of officers, directors, and major shareholders (having an ownership interest of 33% or more) of the corporation – if necessary, attach a separate sheet and identify it as **Attachment I-1-G-3-E**.  
 (**NOTE:** If the corporation is listed on the New York or American Stock Exchange and its last annual statement and report is submitted herewith, the names of shareholders need not be listed on this form)

Name/Title	Business Address	City	State	Zip

- G. The following officer is duly authorized to sign the Application submitted on behalf of the corporation – attach a copy of the bylaws or corporation resolution authorizing this officer and identify it as **Attachment 1-1-G-3-F**.



**ATTACHMENT I-1-G-4 LIMITED LIABILITY COMPANY**

The Applicant warrants the following:

If a LIMITED LIABILITY COMPANY, please complete the following:

- A. The undersigned is a duly authorized officer acting as \_\_\_\_\_ (title) of \_\_\_\_\_ (Applicant Company name), a limited liability company organized on \_\_\_\_\_ (date) and existing under the laws of the State of Montana.
- B. Is the limited liability company in good standing? (If yes, attach a current copy of the certificate of good standing and identify it as **Attachment I-1-G-4-B**)  

YES  NO
- C. Is the limited liability company qualified to do business in the State of Montana?  

YES  NO

  - 1. Please provide evidence that business is registered in the State of Montana or registered to do business in the State of Montana.
- D. Please provide financial statements for the last complete year of business.
- E. The following is a complete and accurate list of members of the limited liability company – attach separate sheet identified as **Attachment I-1-G-4-D** if preferred or necessary.

Name/Title	Business Address	City	State	Zip

- F. The following members are duly authorized to execute agreements on behalf of the limited liability company – attach a copy of articles of organization and operating agreement authorizing these members and identify it as **Attachment I-1-G-4-E**.

Name/Title	Business Address	City	State	Zip

\*\*\*For Airport Administration Use Only\*\*\*

Documents provided to the Permittee:

- Minimum Standards     Rules and Regulations  
 Other: \_\_\_\_\_

Documents provided by Permittee (attached):

- Lease/Sublease Agreement  
 Certificates of Insurance  
 Business License  
 FAA Certificates  
 Other: \_\_\_\_\_

Application Approved (Airport):

\_\_\_\_\_  
*Signature-Airport*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*