

OKLAHOMA CITY AIRPORT TRUST LEASING PERMIT APPLICATION (Commercial or Non-Aviation Activity)

Please complete each question as thoroughly as possible. Where necessary, attach further explanatory materials. The Oklahoma City Airport Trust reserves the right to request additional material.

GENERAL INFORMATION

1. Name to appear on Agreement/Permit: _____

- sole proprietorship/individual partnership limited liability company (LLC)
 joint venture corporation other

2. Address to appear on Notices, Agreement/Permit:

Telephone Number: _____ Fax Number: _____
Email: _____

3. Billing Address: _____

Contact Name & Title: _____
Telephone Number: _____ Fax Number: _____
Email: _____ EIN: _____

4. Location/Type of property applying for: _____
 WRWA WPA CEPA

TYPE OF ORGANIZATION

(Complete Section I, II, III, IV, or V whichever applies to the type of organization applying)

I. SOLE PROPRIETORSHIP:

1. Name in Full: _____ d/b/a _____
2. Address: _____
3. Business Phone: _____ Other/Cell: _____
4. Social Security Number: _____ Date of Birth: _____
5. Driver's License Number: _____ State Issued In: _____

II. PARTNERSHIP:

1. Name of Partnership: _____
2. Date of organization: _____ [] general partnership [] limited partnership
3. Statement of Partnership recorded [] Yes [] No
Date: _____ Book: _____ Page: _____ County of _____
4. Has partnership previously done business in Oklahoma? [] Yes [] No
5. List below the name, address and partnership share of each general partner:

	<u>Name</u>	<u>Address</u>	<u>Share</u>
A.	_____	_____	_____ %
B.	_____	_____	_____ %
C.	_____	_____	_____ %
D.	_____	_____	_____ %

6. List below the date of birth, Social Security Number, Driver's License Number and the State from which issued the Driver's License Number for each general partner:

A.	_____	_____	_____	_____
	(Date of birth)	(SSN)	(Drivers License #)	(State Issued)
B.	_____	_____	_____	_____
	(Date of birth)	(SSN)	(Drivers License #)	(State Issued)
C.	_____	_____	_____	_____
	(Date of birth)	(SSN)	(Drivers License #)	(State Issued)
D.	_____	_____	_____	_____
	(Date of birth)	(SSN)	(Drivers License #)	(State Issued)

III. JOINT VENTURE/COOP:

1. Name of organization: _____ Date of Organization: _____
2. Joint Venture Agreement recorded? [] Yes [] No
3. Has joint venture done business in Oklahoma County? [] Yes [] No
4. Name and address of each person participating in the Joint Venture or co-operative entity:

	<u>Name</u>	<u>Address</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

I.V. CORPORATION

1. State of Incorporation _____ Date of Incorporation: _____
2. Has the State of Oklahoma authorized Corporation to do business in Oklahoma? [] Yes [] No
If so, on what basis? _____
3. Corporation is held [] privately [] publicly. If publicly held, where and how is stock traded? _____
4. If private corporation, attach a separate sheet listing the name, title, address, number of voting and non-voting shares for each officer, Director, and Principal share holder.
5. List the name, title and address of each Officer of the Corporation: _____

6. Business Address & Phone No: _____

7. Name, Address and Phone No. of Service Agent: _____

8. Attach copy of the Articles of Incorporation or other documentation creating the Corporation.

V. LIMITED LIABILITY COMPANY (LLC)

1. Name of organization: _____
Date of Organization: _____ State of Organization: _____
2. Is this LLC recorded [] Yes [] No Date _____
3. Has the State of Oklahoma authorized LLC to do business in Oklahoma? [] Yes [] No
4. List below the name, address and title of all members of the LLC:

	<u>Name</u>	<u>Address</u>	<u>Title</u> (Member/Manager)
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

6. Attach a copy of the agreement that formed the LLC, and was filed with the State or other agency that recorded the LLC. (This agreement should, at a minimum, detail the division of management authority and responsibility; rights of members to withdraw capital; and responsibilities of members to contribute new capital as needed.)

FINANCIAL AND BACKGROUND INFORMATION

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Has principal ever had a bond or surety canceled or forfeited?
If yes, attach a statement naming the bonding company, date, amount and reason. | [] | [] |
| 2. Has any principal ever been declared bankrupt?
If yes, attach copy of Petition | [] | [] |
| 3. Has any principal been convicted of a felony?
If yes, state date, court location, case number and details of conviction. | [] | [] |
| 4. Is any participant in this application involved in any litigation, liens or claims or insurance, liability, workers compensation claims?
If yes, attach detailed information. | [] | [] |
| 5. Attach a narrative or business plan/proposal explaining the type of operation you propose to run and the services you will offer, as well as number of personnel to be employed at this location. Information should identify specific needs such as minimum square footage of land and/or facilities, as applicable, utilities, and proposed commencement date of operations. If there is currently a similar operation at this site, contrast your proposal operation with the current one. It may be appropriate to provide financial data pertaining to the current operation. | | |
| 6. Attach a detailed statement as to your experience as related to the type of business you propose to develop. Also, attach a detailed statement of the persons who will be directly involved in this business. Provide specifics as to dates of experience and appropriate profit and loss details. | | |
| 7. Attach a list of three references (including Bank References) with knowledge of debt and payment history. | | |

CERTIFICATION:

I certify that I am authorized to sign this application on behalf of the individual(s) or the Company represented on this application. I certify that to the best of my knowledge the information provided on this application is true and factual. I further authorize the City of Oklahoma City or the Oklahoma City Airport Trust to conduct any criminal or financial background check as necessary on behalf of the applicant and forever release and discharge the same from conducting any background check.

Signature of Applicant

Title

Date

Printed or Typed Name of Applicant