

TED STEVENS ANCHORAGE INTERNATIONAL AIRPORT
 STATE OF ALASKA, DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
 AIRPORT LEASING & PROPERTY MANAGEMENT

BUSINESS ACTIVITY PERMIT APPLICATION

<p>1. Name to Appear on Lease/Permit (Must match Company name on Alaska Business License):</p> <p>Company Name: _____</p> <p>Operating Name or DBA: _____</p> <p>2. Lease/Permit Contact Name (Person with Signature Authority):</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: () _____</p> <p>FAX: () _____</p> <p>e-mail: _____</p>	<p>5. Billing Contact Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: () _____</p> <p>FAX: () _____</p> <p>e-mail: _____</p>
<p>3. Will you be conducting business in the SIDA (Security Identification Display Area?)</p> <p><input type="checkbox"/> Yes (\$500/year Permit Fee)</p> <p><input type="checkbox"/> No (\$250/year Permit Fee)</p>	<p>6. If Applicant is a business, indicate which type below and provide documentation as required in the instructions.</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Government <input type="checkbox"/> Other: _____</p> <p><i>Please submit a copy of your Alaska Business License (per AS 43.70.020)</i></p>
<p>4. Name of Local Contact Person</p> <p>Name: _____</p> <p>Phone: () _____</p> <p>FAX: () _____</p> <p>e-mail: _____</p>	<p>7. Type of activity proposed:</p> <p><input type="checkbox"/> Ground Handling Service</p> <p><input type="checkbox"/> Commercial Fueling Service</p> <p><input type="checkbox"/> Valet Parking Service</p> <p><input type="checkbox"/> Mobile Food Service</p> <p><input type="checkbox"/> Aircraft Maintenance or Repair Services</p> <p><input type="checkbox"/> Distribution of Pre-Ordered Merchandise</p> <p><input type="checkbox"/> Tour Reception Service</p> <p><input type="checkbox"/> Catering Service for In-Flight Meals</p> <p><input type="checkbox"/> Selling Goods or Services</p> <p><input type="checkbox"/> Other: _____</p>
<p>8. Description of services and operations proposed (attach additional pages as needed, and any supporting documents):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

9. TERM: How long are you requesting the permit? (Max 5 Years) _____ Start Date: _____

10. List any vehicles that will be used to provide services or operations under this permit (attach additional pages if necessary):

Year	Make	Model	License Plate #	Issuing State	Serial #

11. Statement of Compliance:

My signature below acknowledges that, if granted a Business Activity Permit, I assume full control and sole responsibility for my activities and the activities of my personnel, employees, agents, contractors, and guests, including compliance with the terms of this Permit and all applicable requirements of State statutes and regulations in effect during the term of this Permit, including those relating to the granting of privileges at State Airports.

12. Signature: _____
Print Name: _____
Title: _____
Company Name: _____
Date: _____

13. BEFORE SUBMITTING YOUR APPLICATION, HAVE YOU:

- Completed and signed the application?
- Provided Alaska Business License or other requested business documentation?
- Enclosed the nonrefundable \$100.00 application fee?

UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

TED STEVENS ANCHORAGE INTERNATIONAL AIRPORT

Department of Transportation & Public Facilities
Airport Leasing & Property Management
PO Box 196960, Anchorage AK 99519-6960
Phone: 907-266-2420 ♦ Fax: 907-266-2458

INSTRUCTIONS AND INFORMATION FOR BUSINESS ACTIVITY PERMIT APPLICATIONS

The State reserves the right to return incomplete applications or request additional information. Applicants are encouraged to review 17 AAC 42, with emphasis on 17 AAC 42.105, for help in understanding the regulations that govern the Airport's business activity permit process, any subsequent permit, and how to conduct a business at the Airport.

Application expires one year after date of applicant signature, subject to 17 AAC 42.010 or expiration of public notice, subject to 17 AAC 42.215 (k).

The current fees for Business Activity Permits are available at: https://dot.alaska.gov/aias/rates_fees.shtml under Other AIAS Rates & Fees Information click on AIAS Other Rates and Fees: <https://dot.alaska.gov/aias/assets/AIAS-Other-Rates-Fees.pdf>. The minimum annual permit fee is \$250.00 per year for non-SIDA (Security Identification Display Area) permits and \$500.00 for SIDA permits.

Please complete the application according to the following instructions:

1. Name to Appear on Lease/Permit: For commercial applicants, the name in Item 1 must match the Alaska business license (Company name, not Operating name), corporation, or another certificate name.
2. Lease/Permit Contact Name: Person with Signature Authority to sign the Lease/Permit and related documents
3. SIDA: If you are conducting business in the SIDA (Security Identification Display Area), you will be charged \$500/year for the Business Activity Permit and your employees will need to be badged.
4. Name of Contact Person: Name of local contact person, if other than applicant.
5. Billing Contact Information: Contact information for account invoicing.
6. Business Information: Check only one box and attach copies of your Alaska business license, corporate or LLC certificate, Articles of Organization or Incorporation (with latest meeting minutes showing officers, current signatory authority), and/or partnership agreement (can be for private or commercial and must show who has signatory authority for the partnership). Businesses need to be registered with the State of Alaska in order to enter into a permit. ***Please submit a copy of your Alaska Business License (per AS 43.70.020)***
7. Type of Permit Desired: Check the box next to the type of Permit you are requesting. Annual Permit fees are based on the type of activity for which you are requesting a permit.
8. Description of Services: Indicate the type of services you will be providing.
9. Term: The desired length (term) of your permit, the maximum term is 5 years.
10. Vehicles: List any vehicles that will be used to provide services or operations. See the section below regarding required insurance coverage.
11. Statement of Compliance: Please read this statement carefully before signing the application. This statement indicates that you understand your responsibilities regarding the business activity permit.
12. Name and Signature: Sign your application and print your name, title, company name, and the date.
13. Application Checklist: Check attachments to be sure all required items are submitted:
 - a. Sign and date the application.
 - b. Alaska Business License and other requested business documentation
 - c. \$100.00 application fee

INSURANCE: In most cases, the permittee is required to carry adequate insurance to protect both the permittee and the State against comprehensive public liability and property damage. The terms and limits of the insurance requirements will be based on the risks relative to the permittee's operations. This may include:

- ◆ Depending on type of uses requested:
 - Commercial General Liability insurance with coverage limits not less than \$1,000,000 combined single limit per occurrence **and** Comprehensive Automobile Liability with coverage limits not less than \$1,000,000; **or**
 - Commercial General Liability insurance with coverage limits not less than \$5,000,000 combined single limit per occurrence **and** Comprehensive Automobile Liability with coverage limits not less than \$1,000,000; and
- ◆ Comprehensive Automobile Liability insurance with coverage of not less than \$1,000,000 combined single limit per occurrence and aggregate per year and \$100,000 per person bodily injury sublimits; and
- ◆ Worker's Compensation insurance coverage for all employees engaged in work, as required under AS 23.30; and
- ◆ State of Alaska named as Additional Insured; and
- ◆ Waiver of Subrogation endorsement with respect to Worker's Compensation and Automobile Liability insurance; and
- ◆ 30-day Notice of Cancellation

(It is suggested that the applicant investigate the cost of such coverage prior to submitting an application)