

**FRIEDMAN MEMORIAL AIRPORT
GROUND TRANSPORTATION SERVICE PROVIDER
APPLICATION & AGREEMENT 2015**

Applicant Information

Company: _____

Contact: _____

Address: _____

Phone: _____

Business

Mobile

Email: _____

Website: _____

Permit Fees

| Description | Amount |
|---|-----------|
| Annual Processing Fee | \$ 200.00 |
| Vehicle Permit Fee: \$400.00 per vehicle/per year (15 or less passengers) Number of Vehicles: _____ | _____ |
| Vehicle Permit Fee: \$600.00 per vehicle/per year (16 or more passengers) Number of Vehicles: _____ | _____ |
| Total Amount Due* | _____ |

*Make check payable to Friedman Memorial Airport

| Vehicle Information | | | | | |
|---------------------|-------|-------|-------------|-------|-------------|
| Make | Model | Color | License No. | VIN # | Permit No.* |
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*To be assigned by Friedman Memorial Airport Manager's Office

Proof of City of Hailey License

Attach a copy of current City of Hailey Taxi License.

License issue date:_____

I certify that I have read, understand and agree to comply with the terms and conditions of *Friedman Memorial Airport Authority Amended Regulation 94-1*; that all the information I have provided with this Application is current, complete and accurate; and that I am personally obligated to immediately report changes in the information provided with this Application to the Airport Manager's Office.

Signature (Permittee Only)

Date

Typed/Printed Name

Point of Contact Name

Typed/Printed Title

Point of Contact Phone

Entered into on behalf of Friedman Memorial Airport Authority, Friedman Memorial Airport