

# FRIEDMAN MEMORIAL AIRPORT GROUND TRANSPORTATION SERVICE PROVIDER APPLICATION & AGREEMENT 2024

## Applicant Information

Select One:

- For Hire     
  Hotel/Courtesy     
  Interstate     
  Non-GTSP

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing 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)  <b># of vehicles</b> _____	_____
Vehicle Permit Fee: \$600.00 per vehicle/per year (16 or more passengers)  <b># of vehicles</b> _____	_____
<b>Total Amount Due*</b>	_____

\*Make check payable to Friedman Memorial Airport

**Vehicle Information**

<b>Year &amp; Make</b>	<b>Model</b>	<b>Color</b>	<b>License No.</b>	<b>VIN #</b>	<b>Ins. Rec.</b>	<b>Permit No.*</b>

\*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:           N/A          

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