

HAYWARD EXECUTIVE AIRPORT
20301 SKYWEST DRIVE
HAYWARD, CA 94541-4699
Tel (510) 293-8678 / Fax (510) 783-4556
website: www.hayward-ca.gov

**AIRPORT BUSINESS TEMPORARY PERMIT APPLICATION
CONFIDENTIAL**

(Please print)

Applicant's Name(s) _____ Home Tel. _____

Home Address _____

Business Name _____ Bus Tel. _____

Business Address _____

Web/E-mail Address _____ Fax No. _____

Emergency Phone _____ Subleasing from _____
(Attach copy of lease or letter of agreement from FBO)

Address _____

Date of Possession of Premises _____ Duration of Sublease _____

(If applicable) Names, Address, and Phone Numbers of all Officers, Directors, Partners, and General Manager:

1. _____

2. _____

Principal Business Address
(If located off airport) _____

Business or Activity to be conducted _____
(Attach copy of City of Hayward Business License)

Number of Persons employed in proposed operation _____ Proposed Hours of Operation _____

Number of aircraft to be provided or serviced _____

Please list aircraft to be used in the operation. Include make, model, and registration number. (Attach copies of FAA Registration Certificate(s)). _____

I hereby certify that all statements made in this application form are true and complete, and that any misstatements or omissions of material facts may subject me to revocation of my Airport Business Temporary Permit. I hereby agree to accept notice under my Permit with the City of Hayward at the Home/Business address listed above.

Signed _____
Applicant

Date _____