

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