

Customer # _____
Payment Rec'd: _____



HAYWARD EXECUTIVE AIRPORT
20301 Skywest Drive, Hayward, CA 94541
Phone: (510) 293-8678 Fax: (510) 783-4556
Hayward.Airport@hayward-ca.gov

AIRPORT ANNUAL BUSINESS PERMIT APPLICATION

Please print or type

Applicant's Name & Title: _____ Cell _____

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Telephone: _____ Business Fax: _____

Website: _____

E-mail Address _____

Emergency Contact Name: _____ Phone: _____

Subleasing from _____ **(Attach a copy of agreement)**

Date of Possession of Premises _____ Date Sublease Expires _____

List officers, partners, managers, or employees who act for your business. Please include job titles, phone numbers, and emails:

1. _____

2. _____

3. _____

Business or Activity to be conducted at the airport. **(Attach a copy of City of Hayward Business License)**

Number of people employed: _____ Days and Hours of Business Operation: _____

Number of aircraft used in the operation of your business: _____

List the aircraft (make, model, and "N" number) to be used this year. **(Attach copies of FAA Registration Certificates)**

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 Annual Business Permit. I hereby agree to accept notice under my Permit with the City of Hayward at the Home/Business address listed above.

Applicant's Signature

Date