

Lockhart Municipal Airport Aeronautical Business Application

Applicant Information

Applicant: _____ Date: _____
Last First M.I.

Business Representative: _____
Title Business Name

Business Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Billing Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Business or Activity to be Conducted

(Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Fixed-Based Operator | <input type="checkbox"/> Aircraft Charter and Air Taxi Services |
| <input type="checkbox"/> Aircraft Sales | <input type="checkbox"/> Hangar Leasing Services |
| <input type="checkbox"/> Airframe, Engine and Accessory Maintenance Services | <input type="checkbox"/> Specialized Commercial Flying Services |
| <input type="checkbox"/> Aircraft Leasing and Rental Services | <input type="checkbox"/> Aerial Applicators |
| <input type="checkbox"/> Flight Training Services | <input type="checkbox"/> Mobile Aircraft Washing Services |
| <input type="checkbox"/> Avionics, Instruments or Propeller Repair Services | <input type="checkbox"/> Mobile Aircraft Maintenance and Services |
| <input type="checkbox"/> Fuel Sales | <input type="checkbox"/> Other _____ |

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Supplemental Documentation Required

Each FBO application must include a Business Plan and Financial Package.

-The Business plan must include information on how the applicant plans to provide the required services.

-The financial Package must include a list of individuals/parties with a material interest in the business as well as demonstrate the capital necessary to support the required operations of the business desiring to operate as an FBO on the Airport.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to operations of an aeronautical business at the Lockhart Municipal Airport, I understand that false or misleading information in my application, may result in my release.

Signature: _____ Date: _____

Please return application and documentation to:
(Mailing address)

City of Lockhart
Attn: Airport Director
PO Box 239
Lockhart, TX 78644

FOR OFFICIAL USE ONLY

Signature: _____

Date Received: _____

Application Complete? YES NO

Business Plan Complete? YES NO

Financial Package Complete? YES NO