

GREENWOOD BOARD OF AVIATION COMMISSIONERS

RESOLUTION 20-01

**A RESOLUTION OF THE GREENWOOD BOARD OF AVIATION COMMISSIONERS
AMENDING AND ADOPTING APPLICATIONS FOR COMMERCIAL PERMITS AT
INDY SOUTH GREENWOOD AIRPORT**

WHEREAS, the Board of Aviation Commissioners (the "Board") is the governing entity of the Indy South Greenwood Airport ("Airport");

WHEREAS, the Airport desires to amend and adopt the applications for commercial permits at the Airport, copies of which are attached hereto as Exhibit A;

WHEREAS, the Legal Department has reviewed and approved the attached applications; and


WHEREAS, the Board has determined it is in the best interests of the Airport to amend and adopt the attached applications;

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF AVIATION COMMISSIONERS OF THE CITY OF GREENWOOD, INDIANA THAT:


1. The Board hereby amends and adopts the applications for the commercial permits at the Indy South Greenwood Airport as attached hereto as Exhibit A;

PASSED BY THE BOARD OF AVIATION COMMISSIONERS OF GREENWOOD, INDIANA this 13th day of February 2020, by a vote of 4 ayes, 0 nays.

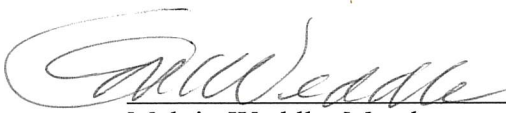
**GREENWOOD BOARD OF AVIATION
COMMISSIONERS**



Scott Hines, President



Jordan Jackson, Member



Melvin Weddle, Member



William Paddack, Member

INDY SOUTH GREENWOOD AIRPORT BUSINESS PERMIT APPLICATION

Submitted By: _____ Date: _____
(Print First and Last Name of Applicant)

Doing Business As (dba):

Address:

Phone: _____ e-mail: _____

Any entity desiring to engage in a Commercial Aeronautical Activity at the Indy South Greenwood Airport (the "Airport") must complete this Application. The applicant must present evidence that they are fully competent and have the necessary facilities, experience and pecuniary resources to fulfill the conditions of the commercial operation privilege(s) they request. To provide the Greenwood Board of Aviation Commissioners with this necessary information, please complete the following form and submit to the Airport Manager:

Information to be Provided:

1. For exactly what purposes do you propose to operate on the Airport?

A. General statement and character of proposed operations:

B. Amount of Office / Hangar / Ramp space to be leased or occupied:

Site:

Hangar/Building:

Ramp:

Office:

C. Estimated business volume (if applicable):

D. Proposed date of commencement of business:

E. Number of employees/new jobs created:

F. Anticipated salary ranges of employees:

G. Proposed hours of operation:

H. FAA Certificates & Permits held for proposed activities (Include type of certificate and certificate number):

I. **Airport Business Permit Requested** (Category for Minimum Standards):

J. **Insurance (List all insurance coverage applicable and limits of liability. Must meet minimum insurance requirements contained in Minimum Standards):**

K. **Is the Greenwood BOAC named as an additional insured?**

YES _____ NO _____

2. **What person/firm proposes to lease the land/hangar/building?**

Individual	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>

Name: _____

Principal office address: _____

Official representative: _____

Responsible party or principals & ownership percentage:

_____ (%) phone: _____

_____ (%) phone: _____

_____ (%) phone: _____

(Use additional sheet if necessary to completely answer)

If a corporation:

When incorporated: _____

In what state: _____

President's name: _____

Vice President's name: _____

Treasurer's name: _____

Secretary's name: _____

If a partnership:

Date of organization: _____

General or limited partnership: _____

Agreement recorded: _____

(County, State, and Date)

Partner Name	Address
_____	_____
_____	_____
_____	_____

3. What is your previous experience in these activities?

A. _____

B. Years of experience?

C. Locations of activities: Please identify the names and locations of places at which you or your organization has operated the above-mentioned businesses with dates of operation:

**Type of operation
Date**

Name

Location

D. Names and qualifications of key personnel:

4. References:

A. Landlord(s): Please furnish the names and addresses of your landlords for the operations noted above.

Operation

Landlord

Address

Phone

Have any leases for the operation of similar privileges held by you or your organization ever been cancelled? If so, please describe location, date, conditions, and the name.

B. Banks:

Bank Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Financial Responsibility:** Please complete the following balance sheet, which need not be audited. Data should not be more than six (6) months prior to the current date. Alternatively, attach a recent financial statement and balance sheet prepared by your firm.

A. Balance Sheet

Date: As of _____

A. Cash	\$ _____
B. Accounts receivable	_____
C. Notes receivable	_____
D. Current assets other than cash and receivables (stocks, bonds, and other securities)	_____
E. Real Estate, owned and registered in the name of the applicant	\$ _____
_____	_____
_____	_____
F. Equipment, depreciated value	\$ _____
_____	_____
_____	_____
G. Other assets	\$ _____
_____	_____
_____	_____

<hr/>	<hr/>
Total Assets	<hr/>

Liabilities

A. Notes payable	\$ <hr/>
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B. Accounts payable	<hr/>
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C. Real Estate encumbrances	<hr/>
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D. Judgments	<hr/>
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E. Other liabilities	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>

F. Surplus reserves	<hr/>
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G. Capital stock paid up	<hr/>
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H. Surplus (net worth)	<hr/>
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Total liabilities	\$ <hr/>
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B. If unable to complete the above information please include personal financial statements for the previous two (2) years. (Attach if a family owned business or no previous corporate financial history available, or at the discretion of the Board).

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6. Acknowledgments

By submitting this Application, the applicant acknowledges that he/she read and understood the Indy South Greenwood Airport General Aviation Minimum Standards and Rules and Regulations. If the requested permit is granted, the applicant agrees to comply with all applicable Federal Aviation Administration rules, any applicable federal and state law, the Airport's General Aviation Minimum Standards, and Rules and Regulations. The applicant understands that the Airport may revoke the permit at any time with or without cause.

Please indicate that you agree or disagree by marking yes or no for the following statements.

Applicant is in good standing and has not had any license/registration to operate a business revoked/suspended.

Yes ____ No ____

The person signing this application has the authority to sign for the business being licensed.

Yes ____ No ____

Applicant will conduct the business and premises, if applicable, in such a manner as not to create a nuisance or any sort of hazard to the public.

Yes ____ No ____

Applicant understands that the permit may be suspended or revoked, and the applicant will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.

Yes ____ No ____

Applicant agrees to give the Airport Manager written notice if the business ceases to exist or there is any change in information provided in this application.

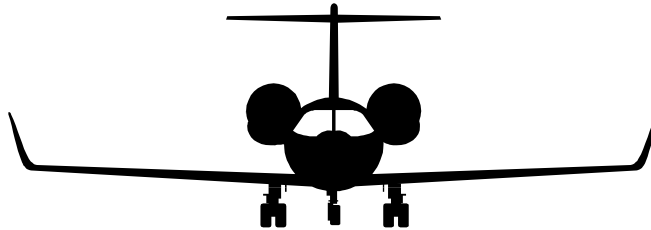
Yes ____ No ____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature: _____

Date: _____

INDY SOUTH GREENWOOD AIRPORT



COMMERCIAL OPERATOR PERMIT

***Issued:** _____

Applicant(s): _____

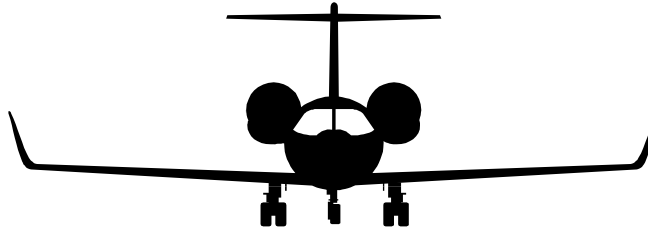
Business Name: _____

Approved: _____ **Date:** _____

BOAC President

***This permit may be revoked at anytime for non-compliance with the Airport's established Minimum Standards and Rules and Regulations.**

INDY SOUTH GREENWOOD AIRPORT



AIRPORT BUSINESS TEMPORARY PERMIT

***Issued:** _____

Applicant: _____

Business Name: _____

Approved: _____ **Date:** _____

BOAC President

*This permit may be revoked at anytime for non-compliance with the Airport's established Minimum Standards and Rules and Regulations.

TEMPORARY AIRPORT BUSINESS PERMIT APPLICATION
Indy South Greenwood Airport

Submitted By: _____ Date: _____
(Print First and Last Name of Applicant)

Doing _____ Business _____ As _____ (dba):

Address: _____

Phone: _____ Fax: _____ Email: _____

Any entity desiring to engage in a Temporary Commercial Aeronautical Activity at the Indy South Greenwood Airport must complete this Application. The applicant must present evidence that they are fully competent and have the necessary facilities, experience and pecuniary resources to fulfill the conditions of the commercial operation privilege(s) they request. To provide the Greenwood BOAC with this necessary information, please complete the following form and submit to the Airport Manager:

Airport Business Permit Requested (Please check Category requested):

Temporary Specialized Aviation Service Operator: _____

Temporary Aircraft Rental or Flight Training Operator: _____

Temporary Avionics, Instrument or Propeller Maintenance Operator: _____

Temporary Aircraft Maintenance Operator: _____

Insurance (List company and all insurance coverage applicable and limits of liability. Must meet minimum insurance requirements contained in minimum standards):

Is the Greenwood BOAC named as an additional insured?

YES _____ NO _____

Please write the proposed operation and time duration:

By submitting this Application, the applicant acknowledges that he/she read and understood the Indy South Greenwood Airport General Aviation Minimum Standards and Rules and Regulations. If the requested permit is granted, the applicant agrees to comply with all applicable Federal Aviation Administration rules, any applicable federal and state law, the Airport's General Aviation Minimum Standards, and Rules and Regulations. The applicant understands that the Airport may revoke the permit at any time with or without cause.

Please indicate that you agree or disagree by marking yes or no for the following statements.

Applicant is in good standing and has not had any license/registration to operate a business revoked/suspended.

Yes ____ No ____

The person signing this application has the authority to sign for the business being licensed.

Yes ____ No ____

Applicant will conduct the business and premises, if applicable, in such a manner as not to create a nuisance or any sort of hazard to the public.

Yes ____ No ____

Applicant understands that the permit may be suspended or revoked, and the applicant will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.

Yes ____ No ____

Applicant agrees to give the Airport Manager written notice if the business ceases to exist or there is any change in information provided in this application.

Yes ____ No ____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature: _____

Date: _____

All questions and comments should be directed to the Office of the Airport Manager: 897 Airport Parkway, Greenwood, IN 46143 or email airport@greenwood.in.gov