BUSINESS LICENSE
APPLICATION

BUSINESS INFORMATION

Name of Business:	
Business Address:	
Business Phone:	
Secondary Address:	
Cell Phone:	
Email:	
Website:	

KEY PERSONNEL

Name/Title:	
Name/Title:	
Name/Title:	
Name/Title:	

CERTIFICATES AND LICENSES

Type/Number:	
Type/Number:	
Type/Number:	
Type/Number:	

AIRCRAFT (if applicable)

Make:	Model:	N#:

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Please describe your business, including key aviation-related elements, to show compliance in meeting our Minimum Standards requirements for based businesses.

_____

_____

_____

_____

The annual fee of $500 covers one or more aeronautical activities at Colorado Air and Space Port for which an applicant meets all requirements as stated in the "Minimum Standards for Airport Users," including evidence of current insurance. A late fee of $100 per month or a fraction of a month will be assessed for businesses that do not renew their business license by the first day of January of each year.

The applicant(s) hereby acknowledges they have read the "Minimum Standards for Airport Users" as adopted by Colorado Air and Space Port/Adams County, are in full compliance, and have provided the necessary certificates of insurance.

Insurance certificate on file expires: _____

Please sign here: _____

By _____ Title _____ Date _____

By _____ Title _____ Date _____

Please remit your check for $500, payable to Colorado Air and Space Port, along with the completed application and certificate of insurance to:

COLORADO AIR AND SPACE PORT
ATTN: CASP Administrative Team
5200 Front Range Pkwy.
Watkins, CO 80137-7131
cfobusiness@adamscountyco.gov