



City of Fullerton
303 West Commonwealth Avenue
Fullerton, California 92832
(714) 738-6323

General Aviation Operator and Lessee Application

City of Fullerton

Fullerton Municipal Airport (FUL)

October 16, 2019



OVERVIEW

To help the City of Fullerton (City) make an informed decision, Applicant shall complete all relevant and applicable sections of this General Aviation Lessee and Operator Application (Application) and submit the Application (along with any additional information, data, and/or documentation pertinent to the Applicant and/or the General Aviation Commercial or Non-Commercial Aeronautical Activity) to the Airport Manager or designated City representative.

Please note the following:

- Applicant proposing to conduct Commercial General Aviation Aeronautical Activities (Activities) are required to comply with the General Aviation Minimum Standards (Minimum Standards) established for the Fullerton Municipal Airport (Airport). Activities may be proposed that do not fall within the Minimum Standards. In such a case, appropriate minimum standards shall be established by the City on a case-by-case basis.
- Applicant shall not engage in Activities at the Airport without an Agreement or a Commercial Operator Permit (COP) authorizing such Activities.
- Complete all relevant and applicable sections of this Application to the best of your ability and include all pertinent information, data, and/or documentation in or with the Application.
- Commercial Applicants are expected to complete all sections of the Application.
- Non-Commercial Applicants should not complete the sections identified as “*Commercial Applicant Only*”.
- If any section or question is not applicable, then indicate **N/A** in the appropriate field.
- Upon completion, the Application must be signed in ink by an authorized representative.
- In case of a conflict between words and numerals, the words, unless obviously incorrect, shall govern.
- Any supplemental/supporting tables, charts, diagrams, graphics, photographs, and other exhibits may be attached to the Application as deemed necessary.

Following the City’s review of the submitted Application, the City may request that the Applicant complete a Supplemental Information Request Form.



SECTION I – GENERAL INFORMATION

SECTION I – GENERAL INFORMATION

1. Applicant's Information

A. Applicant's legal name: _____

Indicate Applicant's legal name exactly as it would appear in any legally binding document.

B. Business or trade name: _____

If different from Applicant's legal name.

C. Primary office (and contact information):

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____

Email Address: _____

D. Proposed or existing on-Airport address (if different):

Address: _____

City: _____ State: _____ Zip: _____

E. Applicant's authorized representative (if different from primary)

Identify Applicant's authorized representative (for notices and communications).

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____

Email Address: _____

F. Type of Applicant:

☐ Lessee

☐ Sublessee

☐ Temporary

G. Type of entity (check one):

☐ Sole Proprietor (complete and submit [Attachment I-1-G-1](#))

☐ Partnership (complete and submit [Attachment I-1-G-2](#))

☐ Corporation (complete and submit [Attachment I-1-G-3](#))

☐ Limited Liability Company (complete and submit [Attachment I-1-G-4](#))

☐ Other (please identify) _____

H. Type of request (check one):

☐ New Application

☐ Assignment

☐ Change in Majority Ownership

I. Type of activities to be conducted (check all that apply):

☐ Fixed Base Operator

☐ Aircraft Rental



SECTION I – GENERAL INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Aircraft Maintenance and Repair | <input type="checkbox"/> Flight Training |
| <input type="checkbox"/> Avionics/Instruments Maintenance and Repair | <input type="checkbox"/> Aircraft Sales |
| <input type="checkbox"/> Aircraft Management | <input type="checkbox"/> Aircraft Storage |
| <input type="checkbox"/> Aircraft Charter | |
| <input type="checkbox"/> Other Commercial Aeronautical Activity
(please describe) _____ | |
| <input type="checkbox"/> Non-Commercial Aeronautical Activity
(please describe) _____ | |

2. Applicant's Legal Statements

Please answer the following questions as applicable to the Applicant (the entity) and the Applicant's partners (if partnership), members (if limited liability company), or directors, officers, and major shareholders (if corporation). A major shareholder is an individual or entity owning more than 33% of the outstanding common or preferred stock.

- A. Has the Applicant ever been convicted of a felony? *If yes, please give date, place, and nature of conviction(s) on a separate sheet and identify it as **Attachment I-2-A**.* ☐ YES ☐ NO
- B. Has the Applicant ever been convicted of a crime involving fraud, theft, or dishonesty? *If yes, please give date, place, and nature of conviction(s) on a separate sheet and identify it as **Attachment I-2-B**.* ☐ YES ☐ NO
- C. Over the last 10 years (or longer, if significant), has the Applicant (or any entity the Applicant has held an ownership interest in) been convicted of violating any Legal Requirement related to, associated with, or that involved the proposed activities or any other activities normally occurring at or associated with an airport? *If yes, please give date, place, and nature of violation(s) on a separate sheet and identify it as **Attachment I-2-C**.* ☐ YES ☐ NO
- D. Have any restrictions ever been placed on the Applicant (or any entity the Applicant has held an ownership interest in) by any governmental agency related to, associated with, or that involved the proposed activities or any other activities normally occurring at or associated with an airport? *If yes, please give date, place, and nature of the restriction(s) on a separate sheet and identify it as **Attachment I-2-D**.* ☐ YES ☐ NO
- E. Over the last 10 years (or longer, if significant), has the Applicant had any past or pending judicial, regulatory, or administrative proceedings, investigations, arbitrations, mediations, claims, judgments, liens, or litigation against the Applicant (or any entity the Applicant has held or currently holds an ownership interest in)? *If yes, please give date, place, and nature of the action(s) on a separate sheet and identify it as **Attachment I-2-E**.* ☐ YES ☐ NO
- F. Has the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) been involved with, been declared bankrupt, filed a petition in any bankruptcy court, filed for protection from creditors in bankruptcy court, or had involuntary proceedings filed in bankruptcy court? *If yes, please give date, place, and nature of proceeding(s) on a separate sheet and identify it as **Attachment I-2-F**.* ☐ YES ☐ NO
- G. Has any lease, use, or operating agreement for airport land and/or Improvements or Activities held by Applicant (or any entity the Applicant has held or currently holds an ownership interest in), ever been placed in default, cancelled, or terminated (prior to scheduled expiration)? *If yes, please give date, place, and nature of the default, cancellation, or termination on a separate sheet and identify it as **Attachment I-2-G**.* ☐ YES ☐ NO



SECTION I – GENERAL INFORMATION

- H. Has the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) ever had a bond or surety canceled or forfeited? *If yes, please give name of the bonding/surety company, name and address of principal on bond/surety and reason(s) for such cancellation or forfeiture on a separate sheet and identify it as **Attachment I-2-H**.*
☐ YES ☐ NO
- I. Does any member of the City (its governing body, employees, or outside advisors) or any federal, state, or local elected or public official or staff member have any direct or indirect financial interest in the Applicant or the Applicant's proposed operations? *If yes, please provide the name(s) of such individual(s) and describe the relationship(s) on a separate sheet and identify it as **Attachment I-2I**.*
☐ YES ☐ NO
- J. If the Applicant is owned, controlled, or licensed (in whole or part) by another entity (person, partnership, limited liability company, or corporation), provide the name of the entity(ies) on a separate sheet and identify it as **Attachment I-2-J**.
☐ N/A
- K. Identify any agreements or contracts (existing, proposed, or currently being negotiated) with related parties (entities) pertaining to the proposed activity(ies) on a separate sheet and identify it as **Attachment I-2-K**.
☐ N/A
- L. Identify any joint ventures, partnerships, or affiliate agreements or contracts (existing, proposed, or currently being negotiated) with other parties (entities) pertaining to the proposed activity(ies) on a separate sheet and identify it as **Attachment I-2-L**.
☐ N/A
- M. If the Applicant has used or currently uses trade names or has done or currently does business under other names (fictitious or otherwise), provide the names of those entities on a separate sheet and identify it as **Attachment I-2-M**
☐ N/A
- N. Provide a list of past (over the last 10 years) or pending insured or uninsured claims against the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) on a separate sheet and identify it as **Attachment I-2-N**. *Please give date, place, and nature of the claim(s) and whether or not (and to what extent) insurance and/or reserves have been maintained by the Applicant to cover the claim(s).*
☐ N/A

3. Applicant's Qualifications and Experience (Commercial Applicant Only)

Please answer the following questions as applicable to the Applicant (the entity) and the Applicant's partners (if partnership), members (if limited liability company), and directors, officers, and major shareholders (if corporation).

- A. Identify the number of years of experience Applicant has in the activities to be conducted (as identified by the Applicant in Section I-1-I).
- | | |
|--|---|
| <input type="checkbox"/> Fixed Base Operator | <input type="checkbox"/> Aircraft Rental |
| <input type="checkbox"/> Aircraft Maintenance and Repair | <input type="checkbox"/> Flight Training |
| <input type="checkbox"/> Avionics/Instruments Maintenance and Repair | <input type="checkbox"/> Aircraft Sales |
| <input type="checkbox"/> Aircraft Management | <input type="checkbox"/> Aircraft Storage |
| <input type="checkbox"/> Aircraft Charter | |
| <input type="checkbox"/> Other Commercial Aeronautical Activity | |



SECTION I – GENERAL INFORMATION

B. Identify all aviation businesses owned and/or operated by the Applicant (past and present):

1. Identify the name and location of the aviation business (airport, city, and state), the type of aviation business owned and/or operated by the Applicant, and provide contact information for the airport manager on a separate sheet and identify it as **Attachment I-3-B-1**.

4. Applicant's Statement

The undersigned Applicant understands and states, under penalty of perjury, that:

Applicant is fully qualified, experienced, capable, and competent to lease land and/or Improvements at the Airport and engage in the activities to be conducted at the Airport and is fully aware and understands all the requirements associated with doing so.

Applicant is fully aware of and understands the conditions or circumstances which exist in the aviation industry, the community, the marketplace, and at the Airport.

Applicant understands that any entity desiring to engage in Activities at the Airport must fully comply with the Airport's Minimum Standards, Rules and Regulations, and other Primary Management and Compliance Documents.

Applicant has provided all the information, data, and documentation requested by the City and it is true, accurate, and complete. Applicant acknowledges and fully understands that all of the information, data, and documentation submitted by the Applicant and all of the warranties and representations made by the Applicant including, but not limited to, those pertaining to the Applicant's qualifications, experience, capabilities, and competencies will be relied on by the City.

Applicant acknowledges and understands that the City has the right to request additional or supplemental information, data, or documentation or clarification, in any area, from Applicant.

Applicant acknowledges and fully understands that the City has the right to conduct any inquiries or investigations the City considers appropriate with respect to, but not limited to, the qualifications, experience, capabilities, competence, or the reputation of Applicant and/or any or all of the information, data, or documentation submitted by Applicant. Applicant authorizes the release of any and all information, data, or documentation sought by the City in such inquiry or investigation.

Applicant or any party directly related to or associated with the Applicant (e.g., Applicant's friends, families, outside advisors, vendors, suppliers, agents, or other representatives) have not and will not contact, either on an individual or collective basis, the City (its employees or outside advisors) or any federal, state, or local elected or public officials or staff members regarding this application unless prior written approval has been obtained from the City.

Applicant is responsible for all costs and expenses incurred by the Applicant in connection with the Application. Applicant fully understands that all information, data, and any other documentation submitted or provided by the Applicant shall become the property of the City and shall not be returned to the Applicant.



SECTION I – GENERAL INFORMATION

By affixing my authorized signature, I, hereby certify that I am the _____ (title) and the duly authorized representative of _____ (Applicant's name). I possess the legal authority to make this statement on behalf of Applicant and I do solemnly declare and affirm under penalty of perjury that I fully understand, accept, agree to, and will comply fully with the terms, conditions, and provisions of this Application and this statement.

Applicant:

Signature

Name: _____

Title: _____

Applicant Name: _____

Witnessed:

Signature

Name: _____

Title: _____

Entity Name: _____



SECTION I – GENERAL INFORMATION

5. Applicant's Affidavit

Affiant, _____, of the municipality of _____, in the County of _____, and the State of _____, of full age, being first duly sworn according to law on my oath, deposes and says that:

1. Affiant states that this Application is genuine; that it is not a sham or collusive in any way; that it (and all the information, data, and documentation provided in conjunction with it) is true, accurate, and complete; and that it is not made in the interest of or on the behalf of any entity not named or disclosed herein.
2. Affiant does hereby state that neither the Applicant nor any of Applicant's officers, partners, owners, shareholders, agents, representatives, employees, or parties in interest, has, in any manner conspired, colluded, connived, or agreed, directly or indirectly, with any person, firm, corporation, or other applicant or potential applicant to unfairly compete or compromise, in any way, the application process and the Applicant has not paid or agreed to pay, directly or indirectly, any person, partnership, company, association, organization, corporation, or any other applicant or any potential applicant and has not paid any money or provided any other valuable consideration to any party for providing assistance in seeking acceptance of the Application or attempting to seek acceptance of the Application or fix the proposed terms, conditions, or provisions of this Application or any other application of any other Applicant, and hereby states that no such money or other reward will be hereinafter paid.
3. Affiant further states that the Applicant (or any partner, member, director, officer, shareholder, agent, representative, or employee of the Applicant) or any parties holding an ownership interest in the Applicant has not recommended or suggested to the City or any of its officers, agents, representatives, employees, or parties in interest, any of the terms, conditions, or provisions not set forth in this Application, except at a meeting open to all interested Applicants, of which proper notice was given.
4. Affiant further states that the Applicant (or any partner, member, director, officer, shareholder, agent, representative, or employee of the Applicant) or any parties holding an ownership interest in the Applicant is not a member of the City (its employees or outside advisors) nor a federal, state, or local elected or public official or staff member or is a related party except as noted herein below:

Affiant:

Signature

Subscribed and sworn to before me

This _____ day of _____, 20____

Name: _____

Title: _____

Entity Name: _____

(Seal of Notary)

Notary Public

____ / ____ / ____
Commission Expires



SECTION II – LAND AND/OR IMPROVEMENTS

SECTION II - LAND AND/OR IMPROVEMENTS

1. Proposed Property

- A. Identify the proposed property on the Airport Layout Plan/Aerial Photograph – attach and identify as **Attachment II-1-A**.
- B. Provide a preliminary drawing identifying the land and existing Improvement(s) Applicant desires to lease – attach and identify as **Attachment II-1-B**.
- C. Describe the existing Improvement(s) Applicant desires to lease.
 1. Include terminal building; hangar, office, shop, storage space; apron (including tiedowns), and/or vehicle parking space; and, any other improvements.

2. Proposed Improvements

If Applicant intends to make Improvements to the proposed property (including improving, enhancing, or renovating existing Improvements and/or developing new Improvements), provide a description of (and preliminary specifications for) the proposed Improvements (by major component). If necessary, attach a separate sheet and identify it as **Attachment II-2-A**.



SECTION III – BUSINESS PLAN (COMMERCIAL APPLICATIONS ONLY)

Applicants must address each element completely and accurately and furnish any required information, data, and/or documentation. The Executive Summary shall be typewritten and if bound, it shall be bound on the long side of the paper.

1. Executive Summary

The Executive Summary shall, at a minimum, outline the following elements of the business plan:

- A. Name of the Applicant.
- B. A summary of the range, level, and quality of products, services, and facilities proposed to be provided by the Applicant.
- C. The qualifications, experience, capabilities, and competencies of the Applicant as it relates specifically to the proposed activities.
 1. A summary of the products, services, and facilities currently being provided by Applicant.
- D. A summary of the compensation (rents, fees, and other charges) proposed to be paid to the City.
- E. A summary of the capital investment in aircraft, vehicles, and equipment proposed to be made (and why needed).
- F. For Applicant's desiring to lease and/or developing Airport land, must provide a summary of:
 1. The land and Improvements proposed to be leased from the City.
 2. The lease term (proposed commencement date, base term, and renewal options).
 3. The capital investment proposed to be made in leasehold and/or Airport Improvements (and why needed), the cost of the proposed Improvements, the amortization period for the proposed Improvements, the source of funding for the proposed Improvements, and the schedule for the development and completion of the proposed Improvements.
- G. A statement explaining why the City should allow the Applicant to conduct the activity at the Airport.
- H. Signature (in ink) by a representative authorized to make commitments and/or enter into agreements on behalf of the Applicant.

2. Additional Information

The Applicant may include any supplemental information, data, and/or documentation which may be useful in helping the City evaluate the qualifications and experience of the Applicant.



**ATTACHMENT I-1-G-1
SOLE PROPRIETOR**

The Applicant warrants the following:

If a SOLE PROPRIETOR, please complete the following:

- A. The undersigned is an individual doing business under the name of _____ in the municipality of _____, in the County of _____ in the State of _____.
- B. Date operations began: _____
- C. Is the Sole Proprietorship qualified to do business in the State of California?

☐ YES ☐ NO

- 1. If a foreign Sole Proprietorship (not from State of California), please provide the “business qualification” number from the State of California Secretary of the State (No. _____) and attach a copy of business qualification certificate and identify it as **Attachment I-1-G-1-C-1**.



**ATTACHMENT I-1-G-2
PARTNERSHIP**

The Applicant warrants the following:

If a PARTNERSHIP, please complete the following:

A. The undersigned is an individual doing business under the name of _____ in the municipality of _____, in the County of _____ in the State of _____.

B. Describe type of partnership (check one)

☐ General Partnership

☐ Joint Venture

☐ Limited Partnership

☐ Other (identify): _____

C. Date Partnership was formed: _____

D. Is the Partnership qualified to do business in the State of California?

☐ YES ☐ NO

1. If a foreign Partnership (not from State of California), please provide the “business qualification” number from the State of California Secretary of the State (No. _____) and attach a copy of business qualification certificate and identify it as

Attachment I-1-G-2-D-1.

E. Has the partnership been recorded? (If yes, please indicate where and when?)

☐ Yes _____ ☐ No

F. The following is a complete and accurate list of names of the partners – if necessary, attach a separate sheet and identify it as **Attachment I-1-G-2-F.**

Name/Title	Business Address	City	State	Zip



**ATTACHMENT I-1-G-3
CORPORATION**

The Applicant warrants the following:

If a CORPORATION, please complete the following:

A. The undersigned is a duly authorized officer acting as _____ (title) of _____ (Applicant Company name) a corporation organized on _____ (date) and existing under the laws of the State of _____.

B. Is the corporation in good standing? (If yes, attach a current copy of the certificate of good standing and identify it as **Attachment I-1-G-3-B**)

☐ YES ☐ NO

C. Is the corporation qualified to do business in the State of California?

☐ YES ☐ NO

1. If a foreign corporation (not incorporated in State of California), please provide a copy of the authorization to do business in the State of California issued by the Secretary of the State and identify it as **Attachment I-1-G-3-C-1**.

D. The corporation is: (check one)

☐ Public ☐ Private

1. If a publicly traded corporation, how and where is the stock traded?

E. The following is a complete and accurate list of officers, directors, and major shareholders (having an ownership interest of 33% or more) of the corporation – if necessary, attach a separate sheet and identify it as **Attachment I-1-G-3-E**.

(NOTE: If the corporation is listed on the New York or American Stock Exchange and its last annual statement and report is submitted herewith, the names of shareholders need not be listed on this form)

Name/Title	Business Address	City	State	Zip

F. The following officer is duly authorized to sign the Application submitted on behalf of the corporation – attach a copy of the bylaws or corporation resolution authorizing this officer and identify it as **Attachment I-1-G-3-F**.



**ATTACHMENT I-1-G-4
LIMITED LIABILITY COMPANY**

The Applicant warrants the following:

If a LIMITED LIABILITY COMPANY, please complete the following:

- A. The undersigned is a duly authorized officer acting as _____ (title) of _____ (Applicant Company name), a limited liability company organized on _____ (date) and existing under the laws of the State of California.
- B. Is the limited liability company in good standing? (If yes, attach a current copy of the certificate of good standing and identify it as **Attachment I-1-G-4-B**) ☐ YES ☐ NO
- C. Is the limited liability company qualified to do business in the State of California? ☐ YES ☐ NO
1. If a foreign limited liability company (not from State of California), provide a copy of the authorization to do business in the State of California issued by the Secretary of State and identify it as **Attachment I-1-G-4-C-1**.
- D. The following is a complete and accurate list of members of the limited liability company – attach separate sheet identified as **Attachment I-1-G-4-D** if preferred or necessary.

Name/Title	Business Address	City	State	Zip

- E. The following members are duly authorized to execute agreements on behalf of the limited liability company – attach a copy of articles of organization and operating agreement authorizing these members and identify it as **Attachment I-1-G-4-E**.

Name/Title	Business Address	City	State	Zip



City of Fullerton
303 West Commonwealth Avenue
Fullerton, California 92832
(714) 738-6323

Commercial Operator Permit

City of Fullerton

Fullerton Municipal Airport

October 16, 2019



GENERAL AVIATION OPERATOR PERMIT

General Aviation Operator Permittee:

Legal name: _____

Business or trade name (if different): _____

Primary office (and contact information):

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____

Email Address: _____

On-Airport address (if different):

Address: _____

City: _____ State: _____ Zip: _____

Type of Permittee:

☐ Lessee

☐ Sublessee

☐ Temporary

Activity Authorized (check all that apply):

☐ Fixed Base Operator

☐ Aircraft Rental

☐ Aircraft Maintenance and Repair

☐ Flight Training

☐ Avionics/Instruments Maintenance and Repair

☐ Aircraft Sales

☐ Aircraft Management

☐ Aircraft Storage

☐ Aircraft Charter

☐ Other Commercial Aeronautical Activity

(please describe*) _____

*Attach additional sheet if necessary.

Please refer to the General Aviation Minimum Standards (Minimum Standards) for Fullerton Municipal Airport (Airport) for further information on each type of Activity listed and for definitions of the capitalized terms used in this Permit.

Time Period Authorized (check one/complete):

☐ Permit valid for one year from the date of approval.

☐ Permit valid from ____ / ____ / ____ (start date) to ____ / ____ / ____ (end date).

Location(s) on Airport: _____



GENERAL AVIATION OPERATOR PERMIT

The Permittee agrees to the following:

- **FEE PAYMENT:** The Permittee agrees to pay an annual Commercial Operator Permit fee of \$150 and all applicable rents, fees, and other charges when due and payable without offset of any kind whatsoever. The Permittee also agrees to pay any late fees, interest, penalties, and related charges.
- **PERMIT LIMITATIONS:** This Permit may not be assigned or transferred and is limited to engaging in the approved Activity in the location designated and only for the time specified in this Permit.
- **INFORMATION CHANGES:** The Permittee shall notify the City of Fullerton (City) in writing within 21 calendar days of any change to the information submitted in the Permittee's Application.
- **INSURANCE:** The Permittee shall maintain all required insurance coverages pursuant to the Airport's Minimum Standards, City requirements, and applicable Legal Requirements.
- **INDEMNIFICATION:** The Permittee shall indemnify the City pursuant to the Airport's Minimum Standards.
- **COMPLIANCE WITH LEGAL REQUIREMENTS:** The Permittee shall comply with applicable Legal Requirements, including the Airport's Minimum Standards, Rules and Regulations, and Primary Management and Compliance Documents as may be developed and/or amended from time to time.

If, at any time, the Permittee does not comply with the terms and conditions of this Permit, this Permit shall be invalid (null and void) and terminated. However, Permittee's obligations shall survive termination until all rents, fees, and other charges (such as late fees, interest, penalties, etc.) are paid in full and any other liabilities are resolved to the satisfaction of the City

The undersigned representative of the Permittee certifies that he/she is authorized to sign for (on behalf of) the Permittee and agrees to abide by all of the terms and conditions under which this Permit is being granted.

Agreed and accepted (Permittee):

Signature

Name: _____ Title: _____ Date: ____ / ____ / ____

Approved (City):

Signature

Name: _____ Title: _____ Date: ____ / ____ / ____

***** City Administration Use Only *****

Documents provided to the Permittee:

☐ Minimum Standards ☐ Other: _____

Copies of documents provided by Permittee (attached):

☐ Lease/Sublease Agreement ☐ Certificates of Insurance ☐ Business License

☐ FAA Certificates ☐ Other: _____



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(714) 738-6323

Supplemental Information Request Form

City of Fullerton

Fullerton Municipal Airport (FUL)

October 16, 2019



SUPPLEMENTAL INFORMATION REQUEST FORM

To help the City of Fullerton (City) make an informed decision regarding the Application, please complete all relevant and applicable sections of this Supplemental Information Request Form (Form) and submit this Form (along with any additional information and/or documentation pertinent to the Applicant and/or the activities) to the Airport Manager or designated City representative.

Please note the following:

- Applicant proposing to conduct Commercial General Aviation Aeronautical Activities (Activities) are required to comply with the General Aviation Minimum Standards (Minimum Standards) established for the Fullerton Municipal Airport (Airport). Activities may be proposed that do not fall within the Minimum Standards. In such a case, appropriate minimum standards shall be established by the City on a case-by-case basis.
- Applicant shall not engage in Activities at the Airport without an Agreement or a Commercial Operator Permit (COP) authorizing such Activities.
- Some questions in this Form may not apply to certain Applicants or activities.
- Commercial Applicants are expected to complete all sections of this Form.
- Non-Commercial Applicants should not complete the sections of this Form which are identified as "*Commercial Applicant Only*".
- Complete all relevant and applicable sections of this Form to the best of your ability and include all pertinent information, data, and/or documentation in or with this Form.
- If any section or question is not applicable, please indicate N/A in the appropriate field.
- Upon completion, this Form must be signed in ink by an authorized representative of the Applicant.
- In case of a conflict between words and numerals, the words, unless obviously incorrect, shall govern.
- Supplemental tables, charts, diagrams, graphics, photographs, and other exhibits may be attached to this Form as necessary.



SUPPLEMENTAL INFORMATION REQUEST FORM

1. Applicant's Qualifications and Experience

Please answer the following questions as applicable to the Applicant (the entity) and the Applicant's partners (if partnership), members (if limited liability company), and directors, officers, and major shareholders (if corporation).

A. Identify all airport land and/or Improvements leased by the Applicant (past and present):

1. Identify the location (airport, city, and state), the dates of the leases, and provide contact information for the lessor and the airport manager for each land and/or Improvement leased on a separate sheet and identify it as **Attachment 1-A-1**.

B. Provide the names of five **operational** references (and contact information) who can verify the Applicant's qualifications and experience to engage in the activities to be conducted (as identified in the Applicant's General Aviation Operator and Lessee Application).

1. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____
2. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____
3. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____
4. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____



SUPPLEMENTAL INFORMATION REQUEST FORM

5. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____

C. Provide the names of five **financial** references (i.e., financial institutions where the Applicant maintains checking, savings, investment, and/or lending accounts) and contact information.

1. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____

2. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____

3. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____

4. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____

5. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - _____ Facsimile: (____) ____ - _____
Email Address: _____



SUPPLEMENTAL INFORMATION REQUEST FORM

D. Commercial Applicants Only: Please provide the names of five **customer** references (and contact information).

1. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____
Email Address: _____
2. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____
Email Address: _____
3. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____
Email Address: _____
4. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____
Email Address: _____
5. Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) ____ - ____ Facsimile: (____) ____ - ____
Email Address: _____

By listing a reference, the Applicant shall be deemed to provide consent to the release of any information, data, and documentation regarding the Applicant that is in the possession of the entity listed.



SUPPLEMENTAL INFORMATION REQUEST FORM

2. Proposed Lease Provisions

- A. Proposed commencement date: ____ / ____ / ____
- B. Proposed duration: ____ years ____ months
- C. Proposed renewal options (number): ____
- D. Proposed renewal options (length): ____ years ____ months
- E. Proposed key terms and conditions: _____
- _____
- _____

3. Proposed Improvements

If Applicant intends to make Improvements to the proposed property (including improving, enhancing, or renovating existing improvements and/or developing new improvements), each of the following areas must be addressed:

- A. A cost estimate for the proposed Improvements (by major component), source of funds, and the contribution expected (if any) from the City. Complete the table in this section and if necessary, attach a separate sheet and identify it as **Attachment 3-A**.
- B. A schedule for the design and construction of the proposed Improvements (by major component). Complete the table in this section and if necessary, attach a separate sheet and identify it as **Attachment 3-B**.
- C. Table (Proposed Improvements)

Improvements Description	Cost	Funds Source	City Contribution	Schedule

- D. A preliminary (conceptual) site plan and a floor plan, if applicable, of each building and a sketch (or rendering) depicting the proposed Improvements (from landside and airside perspectives). Attach and identify documents as **Attachment 3-D**.
- E. An overview of the background, experience, qualifications, capabilities, and responsibilities of each key member of the design/construction team. In addition, please provide contact information and a minimum of three references for each key member of the design/construction team. Attach and identify documents as **Attachment 3-E**.
- F. Evidence of the ability to obtain a bond from a bonding company or irrevocable letter of credit from a federally regulated bank guaranteeing the timely, full, and faithful performance of the Applicant's construction obligations in the amount equal to the cost of the proposed Improvements. Attach and identify documents as **Attachment 3-F**.



SUPPLEMENTAL INFORMATION REQUEST FORM

4. Business Plan (Commercial Applicants Only)

Business plans must be organized so each element (identified below) is addressed in the order indicated. Applicants must address each element completely and accurately and furnish any required information, data, and/or documentation.

Business plans shall be typewritten. Tabs must be utilized to separate each section of the business plan. If bound, business plans must be bound on the long side of the paper.

A. Cover Letter

Each Applicant must submit a cover letter identifying the name of the Applicant. The original business plan must be signed in ink by a representative authorized to make commitments and/or enter into agreements on behalf of the Applicant.

B. Market Assessment

As it pertains specifically to the proposed activities, the Applicant must demonstrate an understanding of the size, composition, current state, significant trends, and future outlook for general aviation in: (1) the United States, (2) the State of California, (3) the City of Fullerton and County of Orange California marketplace, and (4) the Airport. Each business plan must include an analysis of demand and capacity at the Airport and describe how the Applicant is going to address any deficiencies that exist (or that can reasonably be anticipated over the next five years, at a minimum).

C. Operational Plan

1. A description of the proposed products and services including the type, range, level, and quality, and hours of operations for each.
2. A description of and cost estimate for the proposed aircraft, vehicles, and equipment to be deployed to provide the proposed products and services.
 - a) The description must include the quantity, manufacturer, model, year, capacity, and status (leased or owned) of the aircraft, vehicles, and equipment that will be deployed.
3. A description of the manner in which the proposed aircraft, vehicles, equipment, and Improvements will be maintained and by whom.
4. A description of the policies and procedures that will be followed to provide the proposed products and services (e.g. customer service; safety, security, and environmental – incident/accident prevention and reporting and emergency procedures; security; and, communications).
5. A description of the inventories that will be maintained to provide the proposed products and services.
6. A description of the type and level of Disadvantaged Business Enterprise (DBE) participation.
7. Copies of all licenses, permits, and operating certificates required by any governing agency.
8. Evidence of support for the Applicant and the proposed operation.



SUPPLEMENTAL INFORMATION REQUEST FORM

D. Management Plan

1. A statement of the Applicant's mission, vision, and values.
2. A chart depicting the Applicant's organizational structure to include the name and title/position of all key personnel.
3. A description of the roles and responsibilities of the Applicant's principals, managers (including the general manager and department managers), supervisors, and other key personnel.
 - a) For those individuals who are already serving in these positions or for those individuals who have been identified by the Applicant to serve in these positions, provide an overview of the qualifications, background, and experience of each individual and attach a resume identifying the individual's past employers, titles/positions held, roles and responsibilities, immediate supervisor, and length of service.
4. Proposed staffing levels and work schedules for all the personnel (including management and operating level employees – full and part time as well as seasonal, if any) who will be required to provide the proposed products and services and maintain the proposed aircraft, vehicles, equipment, and improvements.
5. A description of the training and quality assurance program that will be utilized by the Applicant.
6. A description of the processes that will be utilized by the Applicant to evaluate the level and quality of products, services, and facilities to be provided and the manner in which complaints and/or disputes with any party including, but not limited to, customers will be resolved.
7. An overview of the systems to be utilized in managing the Applicant's resources including management information and accounting/financial systems.
8. If applicable, a description of the Applicant's plan for transitioning from an existing operation to the proposed operation including, but not limited to, identifying and discussing the key elements of the plan (and the process), conveying the schedule for implementing each of the key elements of the plan, and the identifying the anticipated impact on the existing operation, the current customers of the existing operator, the Airport, and the City. If any adverse impacts are anticipated, the Applicant shall indicate how such impacts will be minimized and/or mitigated.

E. Marketing Plan

1. A description of the Applicant's target market(s) and the marketing and sales strategies (including promotional methods and mix) that will be utilized to reach the target market(s).
2. A description of the Applicant's pricing strategies and proposed pricing for all products, services, and facilities, image development and/or enhancement programs, and the processes that will be utilized to evaluate the effectiveness of the Applicant's marketing and image development programs.
3. An overview of the Applicant's experience championing issues that have: (a) resulted in the growth and development of activities, the airport where the activities were conducted, and community surrounding the airport and (b) had an overall positive impact on the airport and the community served.
4. A marketing budget identifying the costs and/or expenses associated with each element of the marketing plan.



SUPPLEMENTAL INFORMATION REQUEST FORM

F. Financial Plan

1. A statement of financial capacity from a qualified financial institution or other source easily verified by the City which identifies the source and the amount of funds available to provide working capital to initiate the proposed activity and to make any proposed capital investment.
2. A three year historical income statement, a three year historical balance sheet including all footnotes, and a three year historical statement of cash flows prepared in accordance with generally accepted accounting principles (GAAP) by an independent CPA.
 - a) If the business plan is prepared by a subsidiary of a parent company or corporation, the subsidiary shall submit the required financial information for the parent company, provided such parent company will be bound jointly with the subsidiary in the business plan and, if the subsidiary is granted a lease agreement, the parent company must acknowledge its joint obligations with its subsidiary and the business plan must be accompanied by a certified copy of a resolution by the Board of Directors of the parent company authorizing such joint obligations.
3. A five year projected income statement (or pro forma) which demonstrates the Applicant's ability to initiate and sustain the proposed operation.
4. A five year projected statement of cash flows.
5. Minimum compensation (including all rents, fees, and other charges – by component or element) proposed to be paid to the City over the five year pro forma period.
6. Evidence of the ability to obtain a bond from a bonding company or irrevocable "declining balance" letter of credit from a federally regulated commercial bank that assures the timely, full, and faithful performance of the all of the Applicant's lease obligations (i.e., payment of rents, fees, and other charges) to the City in the amount equal to the proposed minimum compensation over the five year pro forma period.
7. Proof of existing insurance or evidence of the ability to obtain insurance in the amounts required for the proposed activities.

G. Additional Information

The Applicant may include any supplemental information, data, and/or documentation which may be useful in helping the City evaluate the qualifications and experience of the Applicant.