City of Santa Monica
Airport Division
Lease / License Application

Date:_____

Proposed Premises:_____

1. Applicant's Name:_____
2. Legal Name of Business:_____
3. Form of Organization: Individual ◯ Corporation ◯ Partnership ◯ Other ◯
4. If Corporation, please complete the following:

   Organized Under Laws of _____Calif. Permit No. _____ Dated Organized _____

   Head Office Located _____
5. Current Business Address: _____
6. Prior Business Address: _____
7. Business Phone Number:_____
8. Business FAX Number:_____
9. Applicant's E-mail Address:_____
10. Business Web Site Address:_____
11. Principal(s)/Owner(s)/Officer(s):

Name	*Home Address*	*Home Phone*
Title		*Other Phone*
a)		
b)		
c)		
d)		
e)		

12. Is each of the above listed principals of the firm a U.S. Citizen?
    YES ◯ NO ◯

13. Have any of the firm's principals had any judgements, liens, or bankruptcy filed against them?
    YES ◯ NO ◯

14. Have any of the firm's principals ever been a defendant of an unlawful detainer lawsuit?
    YES ◯ NO ◯

15. Number of Employees to be Based in Premises:_____

16. Number and Type of Vehicles to be Based in Premises:_____

    _____

17. Describe the Proposed Use of Premises:

18. Proposed Hours of Operation: _____

19. State whether, as an applicant for this permit, you have ever been adjudged a bankrupt or involved in a Bankruptcy Act proceeding as a debtor ("applicant" can mean corporation, close corporation, partnership, other type of association or individual): _____

20. Santa Monica Business License Number (if applicable): _____

21. Number of Years in Business (if applicable): _____

22. In case of afterhours emergency – name and phone number of two persons to be contacted:
    Name/Phone _____
    Name/Phone _____

23. Liability Insurance (Name, Address and Phone Number of Agent or Carrier, Policy Number):

Attach hereto:

- An informal resume of applicant's experience in the particular line of business, if applicable, covered by this application.
- If applying as an individual, a check for $50.00, payable to the City of Santa Monica, to pay for the required credit check. If applicant is any other entity (e.g., corporation, partnership, other), a check for $57.95, payable to the City of Santa Monica, to pay for the required credit check. **Non-Commercial Tie-Down License applicants are exempt from credit check requirements.**
- Certificate of Good Standing from the California Secretary of State.

It is understood that, if this application is accepted, the following insurance requirements may be contained in a lease or permit to be granted:

1)	Commercial General Liability with a minimum combined single limit of $1,000,000	
2)	Fire insurance in an amount sufficient to replace structures and improvements	
3)	Worker's Compensation and Employer's Liability	$1,000,000
4)	Tenant Improvements/Betterments Insurance	100% of Value of Improvements
5)	Personal/Business Property Insurance	100% of Value of Personal Property

The City of Santa Monica reserves the right to require further information as a condition to the consideration of this application.

By signature below, applicant authorizes the City of Santa Monica to make whatever inquiries it considers necessary and appropriate concerning the information provided in this application. Further, credit references shown herein are authorized to provide information to the City of Santa Monica. It is understood that references include, but are not limited to, credit checks, unlawful detainer checks, and tele-credit checks.

Signature of Applicant _____

Title:_____ Date: _____

Please return this application and all relevant supporting materials or required attachments, such as copies of Commercial Operations Permit ("COP") Application, Certificates of Insurance, credit reports, budgets, drawings of proposed renovations, etc. to:

Santa Monica Airport
Airport Administration Office
3223 Donald Douglas Loop South
Santa Monica, CA 90405
airportproperties@santamonica.gov
Telephone: (310) 458-8591