



**WILLISTON BASIN**  
INTERNATIONAL AIRPORT

421 Airport Road  
P.O. Box 1306  
Williston, ND 58802  
701-774-8594

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# General Aviation Operator and Lessee Application

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City of Williston

*Williston Basin International Airport (XWA)*

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February 24, 2017

To help the City of Williston (City) make an informed decision, please complete all relevant and applicable sections of this General Aviation Operator and Lessee Application (Application) and submit this Application (along with any additional information and/or documentation pertinent to the Applicant and/or the Activity) to the Airport Director.

Please note the following:

- Some questions in this Application may not apply to certain applicants or Activities.
- Commercial applicants are expected to complete all sections of this Application.
- Non-Commercial applicants are **NOT** expected to complete the sections of this Application which are identified with an asterisk (\*).
- Applicants shall complete all relevant and applicable sections of this Application to the best of the Applicant's ability and include all pertinent information, data, and/or documentation in or with the application.
- If any section or question is not applicable, the Applicant shall indicate **N/A** in the appropriate field.
- Upon completion, the Application must be signed in ink by the Applicant or 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 the Application as necessary.

Following review and approval of the completed Application by the Airport Director, the Airport Director may request that the Applicant complete the Supplemental Information Request Form.



H. Applicant's primary address (and contact information):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

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

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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 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 1-2-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 1-2-B**.*  
 YES  NO
- C. Has the Applicant (or any entity the Applicant has held an ownership interest in) ever been convicted of violating any Regulatory Measure related to, associated with, or that involved the proposed Activity(ies) or any other activity(ies) 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 1-2-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 Agency related to, associated with, or that involved the proposed Activity(ies) or any other activity(ies) 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 1-2-D**.*
- YES  NO
- E. Are there 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 1-2-E**.*
- YES  NO
- F. Are there any pending uninsured claims 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 claim(s) and whether or not (and to what extent) reserves have been maintained by the Applicant to cover the claim(s) – attach a separate sheet and identify it as **Attachment 1-2-F**.*
- YES  NO
- G. 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 1-2-G**.*
- YES  NO
- H. Has any lease, use, or operating agreement for airport land and/or Improvements 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 1-2-H**.*
- YES  NO
- I. 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 company, name and address of principal on bond and reason(s) for such cancellation or forfeiture on a separate sheet and identify it as **Attachment 1-2-I**.*
- YES  NO
- J. Does any member of the City (its governing body, employees, or outside advisors) or any federal, state, or local 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 1-2-J**.*
- YES  NO

- K. 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 1-2-K**.
- L. 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 1-2-L**.
- M. 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 1-2-M**.
- N. 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 1-2-N**.
- O. Provide a list of insurance claims against the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) for the last three years on a separate sheet and identify it as **Attachment 1-2-O**.

### **3. 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 the number of years Applicant has engaged in the activity to be conducted (as identified by the Applicant in SECTION 1 – GENERAL INFORMATION, 1. Applicant's Information, B. Type of activity to be conducted):
- B. \* For Commercial Applicants, please identify all aviation businesses owned and/or operated by the Applicant (past and present):
  - 1. Identify the name and location of the business (airport, city, and state), the type of business owned and/or operated by the Applicant, and provide contact information for the Airport Director on a separate sheet and identify it as **Attachment 1-3-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 Williston Basin International Airport (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.

For Commercial Applicants only, 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 Aeronautical Activities at the Airport must fully comply with the Primary Guiding Documents.

Applicant has provided all the information and documentation requested by the Airport Director and it is true, accurate, and complete. Applicant acknowledges and fully understands that all of the information 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 Airport Director.

Applicant acknowledges and understands that the Airport Director has the right to request additional or supplemental information 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 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 public officials or staff members regarding this application unless prior written approval has been obtained from the Airport Director.

Applicant is responsible for all costs and expenses incurred by the Applicant in connection with the Application submitted. Applicant fully understands that all information 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.

By affixing my authorized signature, I, hereby certify that I am the [redacted] (title) and the duly authorized representative of [redacted] (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.

Signature:

\_\_\_\_\_

Name: [redacted]

Title: [redacted]

Applicant Name: [redacted]

Witnessed:

\_\_\_\_\_

Name: [redacted]

Title: [redacted]

Entity Name: [redacted]

**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 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 public official or staff member or is a related party except as noted herein below: \_\_\_\_\_

Signature:

\_\_\_\_\_  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Entity's Name: \_\_\_\_\_

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Seal of Notary)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires



**SECTION 2 - LAND AND/OR IMPROVEMENTS**

**1. Proposed Property (for all Improvements not owned by the City)**

- A. Identify the proposed property on the Airport Layout Plan/Aerial Photograph – attach and identify as **Attachment 2-1-A**.
- B. Provide a preliminary drawing identifying the land and existing Improvement(s) Applicant desires to lease – attach and identify as **Attachment 2-1-B**.
- C. Describe the existing Improvement(s) Applicant desires to lease.
  - 1. Include terminal building; Hangar, office, shop, storage space; Ramp (including tiedowns), and/or vehicle parking space; and, any other improvements.

**2. Proposed Capital Improvements**

If Applicant intends to make capital improvements to the proposed property (including, but not limited to, improving, enhancing, or renovating existing Improvements and/or developing new Improvements), provide a description of (and preliminary specifications for) the proposed capital improvements (by major component). If necessary, attach a separate sheet and identify it as **Attachment 2-2-A**.

**IMPORTANT NOTE: THIS SECTION NEEDS TO BE COMPLETED BY COMMERCIAL APPLICANTS ONLY.**

**\* SECTION 3 – BUSINESS PLAN**

Applicants must address each element completely and accurately and furnish any required information 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 Activity(ies).
  - 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 Improvements and/or develop 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.

**H. Additional Information**

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

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

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 North Dakota?

Yes  No

1. If a foreign Partnership (not from North Dakota), please provide the “business qualification” number from the North Dakota Secretary of the State (No. \_\_\_\_\_) and attach a copy of business qualification certificate and identify it as **Attachment 1-1-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 1-1-G-2-F**.

Name/Title	Business Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 1-1-G-3-B**)

Yes  No

- C. Is the corporation qualified to do business in the State of North Dakota?

Yes  No

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

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 \_\_\_\_\_.
- 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 1-1-G-4-B**)

Yes  No

- C. Is the limited liability company qualified to do business in the State of North Dakota?

Yes  No

- 1. If a foreign limited liability company (not from North Dakota), provide a copy of the authorization to do business in the State of North Dakota issued by the Secretary of the State Corporation Commission and identify it as **Attachment 1-1-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 1-1-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 1-1-G-4-E**.

Name/Title	Business Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____