

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

## **General Aviation Operator Permit**

City of Williston

Williston Basin International Airport (XWA)



## **GENERAL AVIATION OPERATOR PERMIT**

<b>GENERAL AVIATION OPERATOR PER</b>	MITTEE
Legal name:	
Business/trade name (if different):	
Business/trade address:	
	Address
	City, State, Zip
Contact information:	
	Name and Title
	Fax E-mail
Contact address (if different):	
· ·	Address
	City, State, Zip
On-airport address (if different):	
	Address
	City, State, Zip
Type of Permittee:	
□ Lessee □ Sublessee □ Temporary	
Activity Authorized (check all that apply	
<ul><li>Fixed Base Operator</li><li>Aircraft Maintenance Operator</li></ul>	☐ Flight Training Operator
	<ul><li>Aircraft Charter Operator</li><li>Aircraft Management Operator</li></ul>
<ul><li>Avionics Maintenance Operator</li><li>Instrument Maintenance Operator</li></ul>	□ Aircraft Sales Operator
•	□ Aircraft Storage Operator
•	ty (describe*):
	ce Operator (describe*):
*Attach additional sheet if necessary.	33 Spoidio: (d333:123 )
,	Documents for Williston Basin International Airport ch type of Activity listed and for definitions of the
Time Period Authorized (check one/con	nplete):
<ul> <li>Permit valid for one year from the date</li> </ul>	e of approval.
□ Permit valid from:	(start date) to: (end date).
Location:	



## The Permittee agrees to the following:

- **FEE PAYMENT:** The Permittee agrees to pay 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 Airport Director 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 General Aviation Minimum Standards and applicable Regulatory Measures.
- INDEMNIFICATION: The Permittee shall indemnify the City pursuant to the Primary Guiding Documents.
- COMPLIANCE WITH REGULATORY MEASURES: The Permittee shall comply with applicable Regulatory Measures as may be developed and/or amended from time to time.

If, at any time, the Permittee does not comply with all 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 (sign and print name)	Title	Date	
Approved:			
City of Williston (sign and print name)	Title	Date	
*** City	Administration Use Only ***		
Documents provided to the Permittee:			
□ General Aviation Primary Guiding Documents □ Other (please describe):			
Copies of documents provided by Pe	ermittee (attached):		
<ul><li>□ Lease Agreement</li><li>□ Sublease Agreement</li><li>□ FAA Certificates</li></ul>	<ul><li>□ Certificates of Insurance</li><li>□ Business License</li><li>□ Other (please describe):</li></ul>		
City Comments:			