



Commercial Activity Application Package

Document Checklist

Please return the following documents and fees to the Administrative Office of Palm Springs International Airport:

| Required | Included |
|--|-----------------|
| Signed Commercial Activity Application/Permit | |
| Copy of Palm Springs Business License | |
| \$536.00 Aeronautical Fee (made out to the City of Palm Springs) | |
| Insurance Certificates | |
| - General Liability | |
| - Auto | |
| - Workers Compensation | |
| | |

Palm Springs International Airport
3400 E. Tahquitz Canyon Way, Suite 1
Palm Springs, CA 92262
Tel: (760) 318 3800

The Administrative Office is located on the mezzanine level of the central terminal lobby. The office is open Monday through Thursday from 8:00 A.M to 5:30 P.M., and closed on Fridays, week-ends and holidays.



Commercial Activity Application / Permit

Legal Name of Applicant _____

Business Name if Different _____

Applicant's Mailing Address _____

Proposed location address _____

Primary Contact for Applicant _____

Job Title _____ E-mail _____

Telephone _____ Fax _____

Sublease from _____

This Applicant hereby requests the privilege to conduct Commercial Airline Service activities at the Palm Springs International Airport, under the following terms and conditions:

- 1. For commercial firms operating by permit and/or without specific contractual agreements, the Commercial Service Fee requirement to the Palm Springs International Airport is 7% (seven percent) of gross revenues including all service fees billed by Permittee and collected. Proceeds from the sale of capital assets, or the amount of any local, state, or federal tax are NOT subject to this gross revenue fee.*
- 2. The 7% (seven percent) of gross revenue commercial services fee is applicable to all firms acting as a service provider at the Palm Springs International Airport.*

COMMERCIAL AIRLINE SERVICES PROVIDED

| | |
|--|--|
| | Ground Handling (aka Below wing) |
| | Passenger Service (aka Above wing) |
| | Curbside Passenger/baggage check-in |
| | Wheelchair/Disabled Pax Handling |
| | Airline Catering |
| | Ground Service Equipment Maintenance |
| | Aircraft Charter (7% does not apply) |
| | Local Baggage delivery service (7% gross revenue does not apply) |
| | Other: |
| | |

PERMIT CONDITIONS

1. *Permit limitations:* This permit may not be assigned or transferred and is limited to the approved activities in the location designated and intended for specified permitted use.
2. *Information changes:* The Applicant shall notify the Executive Director of Aviation in writing within 15 calendar days of any change to the information submitted in this application.
3. *Insurance:* The Applicant shall maintain all required insurance coverages pursuant to the Airport's Minimum Requirements.
4. *Indemnification:* The Applicant shall indemnify the City of Palm Springs pursuant to the Airport's Minimum Requirements.
5. The Applicant shall pay all applicable rents, fees, and other charges including late fees, interest, and penalties without offset of any kind.
6. *Compliance with Regulatory Measures:* The Applicant shall comply with all applicable federal, state and local Regulatory Measures, including the Airport's Minimum Standards, Rules and Regulations, Lease/Rates and Charges Policy, Airport Certification Manual, Airport Security Plan, Airport Emergency Plan, and Development Guidelines, all as may be amended from time to time.
7. *Statement of Gross Revenue report is due by the 15th following each month end.*

If at any time the Applicant does not comply with all the terms and conditions of this Permit, the Permit shall be invalid and revoked. The permit fee is non-refundable. The undersigned Applicant certifies that he/she is authorized to sign for the business and agrees to abide by all terms and conditions under which this request is granted.

Applicant Name

Applicant Title

Applicant Signature

Date

*****For Palm Springs International Airport Administration Use Only*****

Site Visit Date _____

By _____

Permit will be valid for one year from date of approval. From _____ to _____

- Applicant meets minimum requirements per Ordinance No. 1693
- Current business license – copy attached
- Current Insurance Certificates
- Copy of sub-lease – if applicable
- Badging / ASP requirements satisfied
- Permit fee paid - Amount (\$536.00) Payment Method _____ Date _____

Applicant **does not** meet minimum requirements; variance or exemption documentation attached.

Permit approved by _____ Aviation Director(or) Designee Date _____

Comments: _____

Note: All checks should be made out to The City of Palm Springs and mailed to the following address:

Palm Springs International Airport
3400 E. Tahquitz Canyon Way, Suite 1
Palm Springs, CA 92262



Commercial Activity Monthly Fee Report
Statement of Gross Revenue

COMPANY NAME: _____

The following statement reports Gross Revenue and calculates the Commercial Fee that is required to be remitted to the airport monthly. (See instructions in Commercial Activity Application/Permit). The fee shall be applied equally to all entities acting as independent service providers with the exception of Part 121 carriers already paying landing and other user fees by also operating seasonal or year-round scheduled flights under a signatory or non-signatory agreement for the same airline for which ground handline services are provided.

Month: _____ Year _____

Company(ies) Serviced at PSP:

Monthly Gross Revenue Total:
(Equipment, Labor, and other Fees)

| | |
|-----------------|-------|
| Company A _____ | _____ |
| B _____ | _____ |
| C _____ | _____ |
| D _____ | _____ |
| E _____ | _____ |
| F _____ | _____ |
| G _____ | _____ |
| H _____ | _____ |

TOTAL GROSS REVENUE..... \$ _____

Commercial Service Fee 7%..... \$ _____

AMOUNT PAID \$ _____

I hereby certify that the information provided herein to the City of Palm Springs is complete, true and correct.

Signature Date Phone

Title E-mail

Palm Springs International Airport, 3400 Tahquitz Canyon Way, Suite 1, Palm Springs CA 92262

Please e-mail report to Caren.Nelson@palmsspringsca.gov after the end of each month and mail original report with payment to assure receipt by the 15th of each month.