

**ADDENDUM NO. I**

**APPLICATION TO CONDUCT AERONAUTICAL ACTIVITES  
AT  
SARASOTA BRADENTON INTERNATIONAL AIRPORT**

## **SECTION I – REQUIRED DOCUMENTATION.**

Applicants shall complete all sections in this Application to Conduct Aeronautical Activities at Sarasota Bradenton International Airport (Application) and shall submit with this Application all documentation requested below and elsewhere in this Application to the Sarasota Manatee Airport Authority (Authority) including, but not limited to, copies of the following documentation.

### **A. Florida Corporate/Business Registration.**

### **B. Company Officers and Legal Counsel.**

- a. Name, Address, Telephone, Email Address, Resumes and/or Bios.
- b. CEO
- c. COO
- d. CFO
- e. Legal Counsel

### **C. Financial Statements and Bank Documents.**

- a. Audited Statements, if available,
- b. Unaudited Statements, signed by CPA,
- c. Funding Commitments,
- d. Recent Federal Tax Return, and/or
- e. Bank Statements.

### **D. Licenses and Certifications.**

- a. Active FAA licenses and certifications.

### **E. Aircraft Registrations.**

- a. Year, make, model and FAA registration number.

### **F. Business and Marketing Plan.**

Applications will not be considered until all documentation requested above and elsewhere herein has been received by the Authority. Applications submitted without all documentation requested will be considered void. The Authority reserves the right to accept, reject, or request additional documentation at any time to evaluate the technical and financial capability of any applicant to safely and effectively conduct the activities requested to be performed. The submittal of supplementary information, tables, charts, graphs, diagrams, photographs, and exhibits shall be optional. Upon completion of the Application, the applicant shall sign the Application in the presence of a notary or a witness, whose relationship to the applicant shall be disclosed in the Application.

## **SECTION II – GENERAL INFORMATION.**

### **A. Individual or Entity Identification.**

#### **1. Registered Legal Name.**

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

#### **2. Business or Trade Name, if different than Legal Name.**

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

3. Primary Office Address.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

4. Airport Address, if different than above.

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

5. Applicant's officers in charge as listed on the applicant's corporate/business registration to do business in the State of Florida. A resume and/or bio for each officer is required to be submitted.

President/CEO, or Equivalent.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Chief Operating Officer/COO or Equivalent.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Chief Financial Officer/CFO, or Equivalent.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Applicant's Registered Agent/Representative for all legal notices.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

6. Type of Applicant, Tenant, or User.

a.  Lessee  Sublessee  Temporary

7. Type of Legal Entity.

- a.  Sole Proprietor (Submit Attachment 1-A)
- b.  Partnership (Submit Attachment 1-B)
- c.  Corporation (Submit Attachment 1-C)
- d.  Limited Liability Company (Submit Attachment 1-D)
- e.  Other (Provide identify and location)

**B. Propose Aeronautical Activities.**

Identify the proposed Activities to be conducted and the number of years of experience the Applicant has in the proposed Activities.

<input type="checkbox"/> Fixed Base Operator	<input type="checkbox"/> Aircraft Self-Fueling Operator
<input type="checkbox"/> Aircraft Maintenance and Repair Operator	<input type="checkbox"/> Aircraft Sales Operator
<input type="checkbox"/> Avionics Maintenance and Repair Operator	<input type="checkbox"/> Aircraft Assembly Operator
<input type="checkbox"/> Flight Training and Aircraft Rental Operator	<input type="checkbox"/> Nor-for-Profit Flying Club Operator
<input type="checkbox"/> Aircraft Management and Charter Operator	<input type="checkbox"/> Specialized Service Operator
<input type="checkbox"/> Aircraft Storage Operator	

Identify all aviation businesses owned and/or operated by the Applicant (past and present). Include 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 3-A.

**C. References.**

Commercial References.

Provide the names of three (3) commercial references who can verify the Applicant's qualifications and experience to engage in the activities proposed to be conducted, as identified in this Application.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Banking References.

Provide the names of three (3) bank officer references who can verify the Applicant's existing financial resources and/or funding to engage in the activities proposed, as identified in this Application.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Bank: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Bank: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Professional References.

Provide the names of three (3) professional references of licensed attorneys and/or certified public accountants who can verify the Applicant's legal and financial internal controls necessary to engage in the activities proposed to be conducted, as identified in this Application.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
State License Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
State License Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
State License Number: \_\_\_\_\_

### **SECTION 3 - LEGAL DISCLOSURES.**

#### **A. Affirmative Statements.**

Respond to all questions below and attach a list of the Applicant's partners (if partnership), members (if limited liability company), or directors, officers, and major shareholders (if corporation). A major shareholder shall be defined as an individual or entity owning twenty-five percent (25%) or more of the Applicant's outstanding common or preferred stock.

1. Has the Applicant ever been convicted of a felony or 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 2-A.
2. Over the last 10 years, 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 2-B.
3. 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 2-C.
4. Over the last ten (10) years 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 2-D.
5. Has the Applicant (or any entity the Applicant has held or currently holds an ownership interest in) been involved with, ever had a bond or surety canceled or forfeited, been declared bankrupt, filed a petition?
6. 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 2-E.
7. Has any lease, use, or operating agreement for airport land and/or Improvements or General Aviation Commercial Aeronautical 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 2-F.
8. Does any member of the Authority, 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 2-G.

9. If the Applicant is owned, controlled, or licensed, in whole or part, by another entity, individual, partnership, limited liability company, or corporation, provide the name of the entity on a separate sheet and identify it as Attachment 2-H.
10. Identify any agreements or contracts existing, proposed, or currently being negotiated with related individuals or entities pertaining to the proposed activities on a separate sheet and identify it as Attachment 2-I.
11. 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 2-J
12. Provide a list of the last 10 years of any 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 2-K. Please give date, place, and nature of the claim(s) and whether and to what extent insurance and/or reserves have been maintained by the Applicant to cover the claim(s).

**B. Applicant Declarations.**

The undersigned Applicant acknowledges, under penalty of perjury, that:

Applicant declares that it is fully qualified, experienced, capable, and competent to lease land and/or Improvements at the Sarasota Bradenton 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.

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

The Applicant declares that it understands that any entity desiring to engage in Activities at the Airport must fully comply with the Airport's Primary Management and Compliance Documents.

1. Applicant declares that it has provided all the information, data, and documentation requested by the Authority and it is true, accurate, and complete.
2. Applicant declares that it acknowledges and fully understands that all the information submitted by the Applicant and all 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 Authority.
3. Applicant declares that it acknowledges and understands that the Authority has the right to request additional or supplemental information or clarification, in any area, from Applicant.
4. Applicant declares that it acknowledges and fully understands that the Authority has the right to conduct any inquiries or investigations the Authority considers appropriate with respect to, but not limited to, the qualifications, experience, capabilities, competence, or the reputation of Applicant and/or any or all the information submitted by Applicant. Applicant authorizes the release of all information sought by the Authority in such inquiry or investigation.
5. Applicant declares that it 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 Authority (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 Authority.

6. Applicant declares that it is responsible for all costs and expenses incurred by the Applicant in connection with the Application. Applicant fully understands that all information submitted or provided by the Applicant shall become the property of the Authority and shall not be returned to the Applicant.

By affixing my authorized signature, I hereby certify and declare 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**

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Signature

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Name

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Title

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Date

**WITNESS**

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Signature

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Name

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Title

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Date

### 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 states that:

- A. Affiant states that this Application is genuine; that it is not a sham or collusive in any way; that it (and all the information 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.
- B. 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.
- C. 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 Authority 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, where notice was given.
- D. 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 Authority (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:

#### APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 2022 by \_\_\_\_\_ who is  personally known to me or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

## **SECTION IV – BUSINESS AND MARKETING PLAN**

The Applicant shall provide a complete Business and Marketing Plan that includes the following information, budgets, forecasts, schedules, maps, drawings, and exhibits.

- A. **Executive Summary:** This section outlines the Applicant's business and includes the mission statement along with any information about the company's leadership, employees, operations, and location.
- B. **Products and Services:** Here, the Applicant can outline the quality and quantity of products and services it will offer, and may should include pricing, product lifespan, and benefits to the customer. Other factors that may go into this section include sales, assembly and servicing processes, any patents the Applicant may have, as well as proprietary technology.
- C. **Market Analysis:** A firm needs a good handle on its industry as well as its target market. This section of the plan will detail a company's qualifications, experience, capabilities, and competencies and those of its competition and how the Applicant fits in the industry, along with its relative strengths and weaknesses. It will also describe the expected consumer demand for a company's products or services and how easy or difficult it may be to grab market share from incumbents.
- D. **Marketing Strategy:** This section describes how the Applicant will attract and keep its customer base and how it intends to reach the consumer. A clear distribution channel must be outlined. The section also spells out advertising and marketing campaign plans and the types of media those campaigns will use.
- E. **Financial Planning:** This section should include a company's financial planning and forecasted revenue and expense projections. Financial statements, balance sheets, and other financial information may be included for established businesses. New businesses will include targets and estimates for the first few years plus the source of funding for the proposed Improvements, a description of potential investors, and the schedule for the development and completion of the proposed initial investment in land and improvements.
- F. **Capital and Operating Budget:** Every Applicant needs to have budgets in place. This section should include a capital budget for initial startup costs and investment in buildings, aircraft, vehicles, tools and equipment, and an initial annual operating budget for personnel, rent, utilities, costs of materials and services, and all other reoccurring expenses related to the business.
- G. **Land and Improvements:** This section should outline the Applicant's proposed lease of land, buildings, and improvements to conduct the Applicant's Activities in accordance with the Minimum Standards for Aeronautical Activities at the Airport. Details should include at a minimum a detailed description of the size and location of the proposed premises, including maps, photographs, drawings, and exhibits, and the proposed length of lease based on an acceptable amortization schedule of the Applicant's initial capital investment in land and improvements only. Fair market value rents, fees, and charges will be determined by the Authority and will be subject to adjustments during the term of any lease in accordance with FAA regulations.

If a **SOLE PROPRIETOR**, complete the following:

The Applicant warrants that:

- 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 Florida?
  - a.  YES  NO
  - b. If a foreign Sole Proprietorship (not from Florida), please provide the "business qualification" number from the Florida Secretary of the State (No. \_\_\_\_\_) and attach a copy of business qualification certificate.

If a **PARTNERSHIP**, complete the following:

The Applicant warrants that:

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)

a.  General Partnership       Joint Venture  
b.  Limited Partnership       Other (identify): \_\_\_\_\_

C. Date Partnership was formed: \_\_\_\_\_

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

a.  YES  NO

b. If a foreign Partnership (not from Florida), please provide the "business qualification" number from the Florida Secretary of the State (No. \_\_\_\_\_) and attach a copy of business qualification certificate.

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

i.  Yes, when \_\_\_\_\_, where \_\_\_\_\_  No

F. The following is a complete and accurate list of names of the partners – if necessary, attach a separate sheet and identify as List of Partners.

Name/Title	Business Address	City	State	Zip

If a **CORPORATION**, complete the following:

The Applicant warrants that:

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 \_\_\_\_\_.

B. Is the corporation in good standing? (If yes, attach a current copy of the certificate of good standing)

a.  YES  NO

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

a.  YES  NO

b. If a foreign corporation (not incorporated in Florida), please provide a copy of the authorization to do business in the State of Florida issued by the Secretary of the State Corporation Commission and identify it as Business Authorization.

D. The corporation is: (check one)

a.  Public  Private

b. 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 as Corporation Officers, Directors, and Major Shareholders.

a. **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: \_\_\_\_\_

G. Attach a copy of the corporate bylaws or corporation resolution authorizing this officer and identify as Corporation Bylaws or Resolution.

If a **LIMITED LIABILITY COMPANY**, complete the following:

The Applicant warrants that:

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 Florida.

B. Is the limited liability company in good standing? (If yes, attach a current copy of the certificate of good standing)
   
a.  YES  NO

C. Is the limited liability company qualified to do business in the State of Florida?
   
a.  YES  NO

D. If a foreign limited liability company (not from Florida), provide a copy of the authorization to do business in the State of Florida issued by the Secretary of the State Corporation Commission.

E. The following is a complete and accurate list of members of the limited liability company – Attach separate sheet identified as Limited Liability Company Members if preferred or necessary.

Name/Title	Business Address	City	State	Zip

F. 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.

Name/Title	Business Address	City	State	Zip