

# APPLICATION FOR SOLICITATION / DISPLAY / DEMONSTRATION PERMIT

Austin-Bergstrom International Airport  
City of Austin - Department of Aviation

***Permit Applications Contact & Submissions:***

Mookie Patel, Chief Business & Finance Officer

E-Mail: Mookie.Patel@austintexas.gov

**Applicant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/state/zip:** \_\_\_\_\_

☐ Private individual ☐ For Profit Corporation ☐ Non-Profit

Corporation ☐ Partnership ☐ Other (describe)

**Organized under laws of the state of:** \_\_\_\_\_

**Main Contact Person:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please describe in detail your proposed activity:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please explain how you intend to conduct the proposed activity and provide a sample of any materials that may be distributed or posted:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Participants in proposed activity:**

Number of persons planning to participate in proposed activity: \_\_\_\_\_

Names, addresses, and phone numbers of all persons planning to participate in proposed activity (attach additional sheets if needed):

Participant 1: \_\_\_\_\_

Participant 2: \_\_\_\_\_

Participant 3: \_\_\_\_\_

Participant 4: \_\_\_\_\_

**Please indicate date(s) and time(s) desired for the activity:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

This application is made pursuant to the Austin-Bergstrom International Airport Solicitation/Display/Demonstration Policy (the "Policy"). Applicant acknowledges receipt of a copy of the Policy. Applicant agrees to comply with the terms, provisions and conditions set forth in the Policy, and in any Permit granted by the City pursuant to the Policy. Applicant acknowledges that any permit granted pursuant to the Policy is subject to termination if the Permit conditions are violated.

CITY OF AUSTIN

ACCEPTED

DEPARTMENT OF AVIATION

Approved by: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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